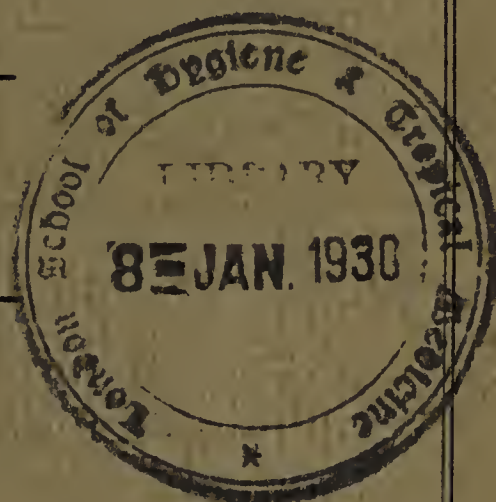


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DEPARTMENT OF
INSPECTOR-GENERAL OF HOSPITALS.

ADELAIDE HOSPITAL

1928



FIFTY - NINTH
ANNUAL REPORT
OF THE
Board of Management.



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NOTE.

Subscribers living in the Country or Suburbs upon whom the demand for orders for admission or treatment as out-patients is not great would confer a great favor on many necessitous cases by signing their order forms and forwarding them to the Secretary of the Adelaide Benevolent and Strangers' Society, Morialta Street, Adelaide.

With the Board's Compliments.

THE
FIFTY-NINTH ANNUAL REPORT
OF THE
BOARD OF MANAGEMENT
OF THE
ADELAIDE HOSPITAL,
WITH A
LIST of SUBSCRIPTIONS, DONATIONS, Etc.,
for 1928.

ADELAIDE :
HARRISON WEIR, GOVERNMENT PRINTER, NORTH TERRACE.

1929.

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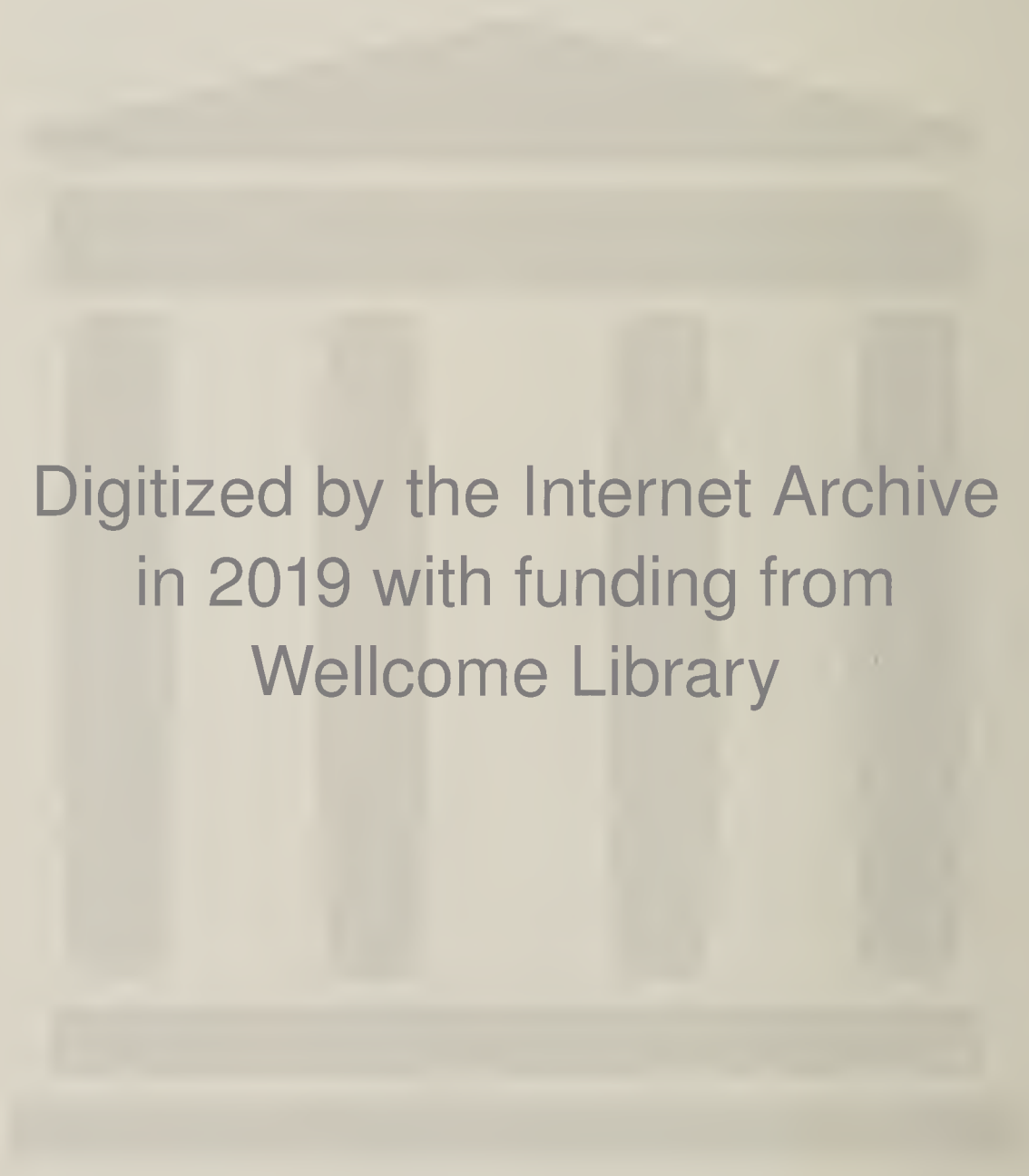
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1928



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VIEW OF HOSPITAL GROUNDS, Etc, (Showing Nurses' Home).



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ADELAIDE HOSPITAL.

BOARD OF MANAGEMENT.

Chairman.—DR. B. H. MORRIS, M.B., B.S., J.P.
(Inspector-General of Hospitals).

J. WALLACE SANDFORD, Esq

F. W. LUNDIE, Esq., J.P.

SECRETARY.

C. E. SPILLER, J.P.

(Secretary Department of Inspector-General of Hospitals)

MEDICAL SUPERINTENDENT

JAMES GARNET SLEEMAN, M.D.

LAY SUPERINTENDENT.

ALBERT EDWARD BOTTING. J.P.

MATRON.

ELEANOR HARRALD

MEDICAL OFFICERS, 1928.

HONORARY CONSULTING MEDICAL AND SURGICAL STAFF.

Physicians:

RICHARD SANDERS ROGERS, M.A., M.S., M.D.	HARRY SWIFT, M.D., Cantab.; M.R.C.S., Eng.
SIR JOSEPH C. VERCO, K.B., M.D., F.R.C.S.	ALFRED AUSTIN LONDON, M.D., ETC.
EDWARD ANGAS JOHNSON, M.D., Ch.D., Gottingen; M.R.C.S., Eng., L.R.C.P., Lond.	

Surgeons:

PROFESSOR ARCHIBALD WATSON, M.D., F.R.C.S.	ARTHUR E. SHEPHERD, D.S.O., O.B.E., L.R.C.P. & S., Edin.; L.F.P. & S.
WILLIAM ANSTEY GILES, M.B. Ch.M.	ARTHUR M. CUDMORE, M.B., B.S., Adel.; F.R.C.S., Eng.
W. R. CAVANAGH-MAINWARING, S.E., F.R.C.S., Eng., Etc.	

Gynaecologists:

ARTHUR F. A. LYNCH, M.B., B.S., Adel.	
THOMAS GEORGE WILSON, M.D., Ch.M., Syd.; F.R.C.S., Edin.; F.A.C.S.	WILLIAM ALFRED VERCO, M.B., B.S., Adel.

Ophthalmic Surgeon:

A. W. HILL, M.D., Brux., M.R.C.S., L.R.C.P., Eng.

Aural Surgeon:

GEO. A. FISCHER, M.B., B.S., Adel.

Bacteriologist:

PROFESSOR JOHN BURTON CLELAND, M.D.,
Ch.M., Syd.

Radiologist:

WILLIAM RAY, M.B., B.S., Adel.

Honorary Consulting Anatomist:

PROFESSOR HERBERT HENRY WOOLLARD, M.D., MELB.

HONORARY MEDICAL AND SURGICAL STAFF.

Honorary Physicians:

C. T. C. DE CRESPIGNY, D.S.O., M.D., Melb.
WILLIAM RAY, M.B., B.S., Adel.
FRANK S. HONE, M.B., B.S., Adel.
D. R. W. COWAN, M.B., B.S., Adel.

Honorary Gynaecologists:

RUPERT ERIC MAGAREY, M.B., B.S., Adel.
W. A. VERCO, M.B., B.S., Adel., succeeded by
JACK R. S. G. BEARD, M.B., B.S., Adel.;
F.R.C.S., Eng.

Honorary Surgeons:

SIR HENRY SIMPSON NEWLAND, C.B.E.,
D.S.O., F.R.C.S., Eng., Etc.
BRONTE SMEATON, M.B., B.S., Adel.;
M.R.C.S., L.R.C.P., Eng.
JOHN CORBIN, M.R.C.S., Eng.; L.R.C.P.
Lond.
MALCOLM LESLIE SCOTT, F.R.C.S., Eng., M.S.,
Adel.

Honorary Ophthalmologist:

H. F. SHORNEY, M.D., Melb.; F.R.C.S., Eng.

Honorary Assistant Ophthalmologists:

JOHN JAMES O'GRADY, L.R.C.P. & S., Edin.; L.F.P. & S., Glas.; D.O., Oxon.
JAMES BROOK LEWIS, M.B., B.S., Melb.

Honorary Aural Surgeon:

HUBERT M. JAY, M.B., B.S., Adel.

Honorary Assistant Aural Surgeon:

WILLIAM C. SANOSTER, M.D., Melb.

Honorary Clinical Physiologist:

PROFESSOR CEDRIC STANTON HICKS, M.Sc., M.B., Ch. B., Etc.

Honorary Clinical Assistant to the Aural Department.

ROBERT MCMAHON GLYNN, M.B., B.S., Adel., F.R.C.S., Edin.

Honorary Dermatologist:

FRANK HUMPHREY MAKIN, M.B., B.S., Melb.

Honorary Bio-Chemist:

T. BRAILSFORD ROBERTSON, Ph.D., D.Sc.

Honorary Sanitary Adviser.

EDWARD ANGAS JOHNSON, M.D., Ch.D., Gott.; M.R.C.S., Eng.; L.R.C.P., Lond.

Honorary Pathologist:

PROFESSOR JOHN B. CLELAND, M.D., Ch.M.,
Sydney.

Honorary Assistant Pathologist:

RICHARD L. T. GRANT, M.B., B.S., Adel.
M.R.C.P., Lond.; succeeded by HARRY
WYATT WUNDERLY, M.D., Melb.;
M.R.C.P., Lond.

Honorary Radiologist:

HARRY CAREW NOTT, M.B., B.S., Adel.; D.M.R.E., Camb.

Honorary Assistant Physicians:

GUY A. LONDON, M.D., Adel.; M.R.C.P., Lond.	SAMUEL ROY BURSTON, C.B.E., D.S.O., M.B., B.S., Melb.
ALBERT RAY SOUTHWOOD, M.B., B.S., M.D., Adel.	HENRY KENNETH FRY, D.S.O., M.B., B.S., Adel.

MEDICAL OFFICERS, 1928—*continued*.

HONORARY MEDICAL AND SURGICAL STAFF—continued.

Honorary Assistant Physician to Infectious Diseases Block:

FRANK HOWARD BEARE, M.D., Adel.

Honorary Assistant Physician to Consumptive Home:

FRANK RAYMOND HONE, M.B., B.S., Adel.

Honorary Assistant Surgeons:

IVAN BEDE JOSE, M.B., M.S., Adel.; F.R.C.S., Eng.; F.R.C.S., Edin.

CHARLES TREVOR TURNER, M.B., B.S., Adel.

PHILIP SANTO MESSENT, M.B., M.S., Adel.

LEONARD C. E. LINDON, M.B., M.S. Adel.; F.R.C.S., Eng.; F.R.C.S., Edin.

Honorary Assistant Gynaecologists:

J. B. DAWSON, F.R.C.S., Eng.; L.R.C.P.,
Lond.

JACK R. S. G. BEARD, M.B., B.S., Adel.;
F.R.C.S., Edin.; succeeded by BRIAN
HERBERT SWIFT, M.B., B.S., Cantab.;
F.R.C.S., Edin.

Medical Officer T.B. Clinic:

CHARLES H. G. RAMSBOTTOM, M.D., Ch.B., Manchester, M.R.C.P., Lond.

Bacteriologist in Charge of Vaccine Department:

HELEN M. MAYO, M.B., B.S., Adel.

Assistant to Honorary Officer-in-Charge of Electro-Cardiograph:

ERIC FRANK GARTRELL, M.B., B.S., Adel.; M.R.C.P., Lond.

Honorary Anaesthetists:

ALLAN DUNSTAN LAMPHEE, M.B., B.S.,
Adel.; M.R.C.P., Lond.

GILBERT BROWN, M.B., Ch.B., Liverpool.

MICHAEL SCHNEIDER, M.B., B.S., Adel.,
succeeded by GARTON MAXWELL HONE,
M.B., B.S., Adel.

RALPH LEO KENIHAN, M.B., B.S., Adel.

FREDERICK E. TERRILL, M.B., B.S., Adel.

GILBERT EDGAR JOSE, M.B., B.S., Adel.;
F.R.C.S., Edin.

Honorary Clinical Assistant to the Venereal Clinic (Male Section).

HARRY ROY POMROY, M.B., B.S., Adel.; F.R.C.S., Eng.

Medical Officers Night Clinic (Venereal Diseases):

Males:

GLEN H. BURNELL, M.D., Adel.

Females:

REGINALD FRANCIS MATTERS, M.B., M.S.,
Syd.

Resident Masseuse:

ENO M. ASHTON

MEDICAL SUPERINTENDENT.

JAMES G. SLEEMAN, M.D., Adel.

MEDICAL REGISTRAR.

JOHN WILLIAM ROLLISON, M.B., B.S., Adel.

SURGICAL REGISTRAR.

JAMES ESCOURT HUGHES, M.B., B.S., Adel.

RESIDENT MEDICAL OFFICERS.

BARNETT, SAMUEL POWELL, M.B., B.S., Adel.

BYRNE, ALFRED DUDLEY, M.B., B.S., Adel.

CASHMORE, GEORGE HERBERT, M.B., B.S.,
Adel.

CHANDLER, ARTHUR JAMES, M.B., B.S., Adel.

DAVIS, HAROLD JULIAN, M.B., B.S., Adel.

DAWKINS, ALEC LETTS, M.B., B.S., Adel.

GALLASCH, FRANK EDWARD, M.B., B.S., Adel.

HACKETT, CECIL JOHN, M.B., B.S., Adel.

HANCOCK, HENRY RAYMOND RUSSELL, M.B.,
B.S., Adel.

KRANTZ, SYDNEY, M.B., B.S., Adel.

LONDON, ALAN HARDING, M.B., B.S., Adel.

MAGAREY, IVAN SANDILANDS, M.B., B.S.,
Adel.

McKAY, DOUGLAS GORDON, M.B., B.S.,
Adel.

PETERS, GEOFFREY ERNEST, M.B., B.S., Adel.

RIDDLE, WYNNE ST. CLAIR, M.B., B.S., Adel.

SANGSTER, JOHN CLIVE, M.B., B.S., Adel.

SOLOMON, GEORGE HERBERT, M.B., B.S.,
Adel.

DISPENSER.

W. F. HAMMER, M.P.S.

DENTAL OFFICERS.

Honorary Dental Surgeons:

M. S. JOYNER, B.D.S.

A. P. R. MOORE, B.D.S.

A. S. RANDELL, D.D.S.

H. C. D. TAUNTON, D.D.S.

P. R. BEGG, B.D.Sc.

R. GODSON, D.D.S.

G. HARDY, B.D.Sc., L.D.S.

H. T. J. EDWARDS, D.D.S.

F. M. SWAN, L.D.S.

H. GILL WILLIAMS, L.D.S.

L. S. ROGERS, B.D.S.

J. L. EUSTACE, B.D.S.

J. A. O'DONNELL, B.D.S., D.D.Sc.

J. LAYBOURNE SMITH, M.A.C.D.

R. J. BRAZIL-SMITH, B.D.S.

Honorary Consulting Metallurgist to the Dental Branch:

R. A. L. LAUGHTON.

Superintendent:

THOS. D. CAMPBELL, D.D.S.

House Dental Surgeon

JOHN FRANCIS CLARK, B.D.S.

ADELAIDE HOSPITAL.

Roll of Honor for Serving their King and Country in the Great War, 1914-18.

Earl, H., porter.	Hill, A. W., Dr., H.M.O.
Cliff, S., porter.	Poulton, B., Dr., H.M.O.
Draper, T. W., porter.	Todd, C. E., Dr., H.M.O.
Cavanagh-Mainwaring, Dr. H.M.O.	Johnson, E. A., Dr., H.M.O.
Newland, H. S., Dr., H.M.O.	Rinder, L., charge nurse.
Watson, A., Prof., H.M.O.	Kingsmill, E. M., charge nurse.
White, L. E., charge nurse.	Gurner, M. H., charge nurse.
Graham, M., matron.	Nelson, A., charge nurse.
Haynes, O. L., charge nurse.	Millikin, J., galvanist.
Hay, M., charge nurse.	Giles, W. A., Dr., H.M.O.
Peters, E. A., charge nurse.	Gault, A. H., Dr., H.M.O.
Shearer, A. C., charge nurse.	Harrold, R. E., Dr., H.M.O.
Burston, S. R., Dr., H.M.O.	Hone, F. S., Dr., H.M.O.
Deere, F. M., charge nurse.	Lynch, A. F., Dr., H.M.O.
Cunningham, A., charge nurse.	Shillabeer, J. M., charge nurse.
McManus, L. V., charge nurse.	Clark, H. M., charge nurse.
Medlyn, C., secretary.	Sanders, C. D., charge nurse.
Rodgers, M., charge nurse.	Reed, E. A., charge nurse.
McLean, C. G., charge nurse.	Davis, D., charge nurse.
Yeatman, C., Dr., medical supt.	Cherry E. J. S., charge nurse.
De Crespigny, C. T. C., Dr., H.M.O.	Simon, L. H., charge nurse.
Cudmore, A. M., Dr., H.M.O.	Haggard, V. C. D., charge nurse.
Williams, F. E., asst. laby.	Ransome, F., charge nurse.
Howitt, F. M., charge nurse.	Rodgers, D., charge nurse.
Nott, H. C., Dr., R.M.O.	Brinsley, D. A. H., charge nurse.
Beard, J. R. S., Dr., R.M.O.	Horne, S. H., engineer.
Steele, K. N., Dr., R.M.O.	Medcalf, E., clerk.
LeMessurier, F. N., Dr., R.M.O.	Wilson, A. V., charge nurse.
Verco, J. S., Dr., R.M.O.	Bennett, M. A., charge nurse.
Guymer, E. A., Dr., R.M.O.	Dunn, L. A., charge nurse.
Kitson, F., charge nurse.	Holden, F. M., charge nurse.
Daw, L. C., charge nurse.	Rogers, A. M., charge nurse.
Turner, C. T., Dr., R.M.O.	Howie, L. C., charge nurse.
Close, W. J., Dr., R.M.O.	Ridgway, D. A., charge nurse.
Wall, F. L., Dr., R.M.O.	McHugh, E. A. M., probationer.
Barnes, G. E., charge nurse.	Wharff, M. H., probationer.
Clarence, F. E., asst. laby.	Shapter, R. E., laby. attendant.
Thompson, F. H., attendant.	Coombs, V. R., charge nurse.
Smeaton, B., Dr., H.M.O.	Sutherland, M. I., charge nurse.
Nelson, H. G., clerk.	Parkinson, I. L., charge nurse.
Burns, W., asst. attendant.	McConville, M. A., charge nurse.
Smith, D., porter.	Kealy, M., charge nurse.
James, I., porter.	Stevens, V. J., charge nurse.
McKenzie, A., kitchen.	Ringwood, A. M., charge nurse.
Hayward, W. T., Dr., H.M.O.	Hunt, M. A., charge nurse.
Hamilton, J. A. G., Dr., H.M.O.	Osborne, A. C. L., charge nurse.
Wilson, T. G., Dr., H.M.O.	Paterson, A. G., charge nurse.
Browne, J. W., Dr., H.M.O.	Thomas, L. E., charge nurse.
Scott, F. S., Dr., H.M.O.	Sandison, E. M., charge nurse.
Kellaway, Professor, H.M.O.	Couston, J. H., charge nurse.
Smith, W. L., Dr., R.M.O.	Malcolm, M. S., probationer.
Haste, R. A., Dr., R.M.O.	Rudall, Maud B., charge nurse.
Shepherd, A. E., Dr., H.M.O.	Hoggarth, J. M., charge nurse.
Rogers, R. S., Dr., H.M.O.	



EXTRACTS FROM RULES AND REGULATIONS.

PATIENTS.

Privileges of Contributors.

21. In-patients.—Subject to regulations pertaining to admission of patients, every contributor of £2 annually shall have the privilege of recommending one indoor patient in the year; of £5 annually, three indoor patients in the year; of £10 annually, the privilege of having always one patient in the hospital.

22. Out-patients.—Subject to rules pertaining to out-patients, contributors of £2 annually shall also have the privilege of recommending six outdoor patients for relief from the dispensary; contributors of £5, 12 patients; contributors of £10, 15 patients: Provided that such recommendations shall only be issued by the contributors to persons who cannot pay for medical treatment elsewhere.

23. Life contributors of £20 or more shall have the privileges set out in regulations 21 and 22 estimated as if their annual contribution had been one-tenth of their actual contribution.

24. It shall be optional for contributors to have indoor order forms supplied in lieu of outdoor forms at the rate of one of the former for six of the latter.

25. Recommendations shall only be given to persons who, on account of their straitened circumstances, are proper subjects for hospital treatment.

Admission of Patients.

26. Responsible relatives of or applicants for admission themselves shall furnish particulars of their financial position and make a declaration, on a form supplied for that purpose, to the effect that they are unable to pay for medical treatment and stating whether the applicant is entitled to medical attendance from any benefit society or lodge: Provided that the Board shall have power to refuse admission to any applicant or to charge the cost of maintenance of the applicant in hospital either to the applicant or his responsible relative or guardian.

28. Notwithstanding the provisions of regulation 26, in cases of severe accidents and of emergency, patients may be admitted at all times by the Resident Medical Officer on duty.

29. No infectious case, or suspected infectious case (other than enteric fever or tuberculosis), or children under 12 years of age, or any infant (on account of the condition of the mother) shall be admitted to the hospital proper except with the consent of the Medical Superintendent, who may admit such patient or child in any case where the life of the patient or of the child would be endangered by his refusal to do so. Cases of infectious diseases, except as provided above, shall be admitted to the Infectious Diseases Block of the Adelaide Hospital.

30. No patient who can be treated at the Out-Patients' Department, or who is obviously incurable, shall be admitted.

31. It shall be the duty of the honorary medical officer concerned to discharge a patient when his treatment is completed except as provided for under the regulations for the Medical Superintendent.

35. The hours for patients to present their recommendations for admission shall be from 10 a.m. to 4 p.m., except in cases of emergency or accident.

Admission of Patients on Payment of Fees for Maintenance.

42. Persons seeking admission whose means will not enable them in any other way to procure such medical attendance as their cases may require may be admitted into the institution upon payment of maintenance fees, not exceeding the rate of 10s. per diem, and upon the patient or a responsible person entering into an agreement with the Lay Superintendent undertaking the payment during the time the patient remains in the institution.

43. Every person admitted for treatment at the hospital who has made a declaration or statement in writing that he is unable to pay for medical advice and that he is not entitled to any benefit from any lodge, shall, nevertheless, be liable to pay to the Board a sum not exceeding 10s. for each day during which he receives medical attendance at or from the hospital.

Visitors to Patients.

44. Subject to regulations hereinafter contained, relations and friends desirous of visiting patients may be admitted to the institution (by tickets only to be procured in the wards) for that purpose on Tuesdays, Thursdays, and Sundays between the hours of 2 p.m. and 4 p.m., and shall leave the wards punctually at the latter hour.

45. Not more than two visitors to each patient shall be allowed on any one day unless with the permission of the medical officer in charge of the case.

46. Exceptions to regulations 44 and 45 shall only be allowed by special permission of the Resident Medical Officer or Medical Superintendent in favor of relations or friends of patients in a dangerous state or to Jews on their Sabbath.

47. Near relatives and visiting members of friendly societies may be permitted to visit a patient in the evening between the hours of 7.30 p.m. and 8.30 p.m., provided they possess a night visitor's card signed by the Medical Superintendent. Such cards of admission shall be issued only to those visitors who, on account of their employment, or some other good cause, are not able to attend during the day time. The cards must be presented for inspection to the gatekeeper and the nurse in charge of the respective wards.

48. No person shall directly give to a patient any food, drinks, or refreshment of any kind whatsoever. All parcels shall be handed to the nurse in charge, who shall inspect them and obtain the approval of the Resident Medical Officer before handing them to the patients.

RELIGIOUS INSTRUCTION.

49. Patients shall be at liberty to receive the visits of ministers of the religious denominations to which they respectively belong, and a card indicating the professed religion of the patient shall be placed over the bed on admission. Ministers, however, shall not be allowed to remain in the wards during the professional visits of the medical officers without permission.

50. Ministers of religion and other persons visiting the hospital shall not interfere with the repose and quiet of patients.

51. Public religious services shall not be held in the wards of the hospital.

52. A room in the hospital shall, when practicable, be available for public worship by the convalescent patients of each religious persuasion.

ANNUAL REPORT, 1928.

The Board of Management of the Adelaide Hospital, in accordance with section 12 (1) of the Hospitals Act Amendment Act, 1921, has the honor to submit for the information of the Hon. the Minister the fifty-ninth annual report on the administration, showing the condition and progress of the Institution for the year ended December 31st, 1928.

In accordance with section 6 of the Hospitals Act Amendment Act, 1921, the members of the Board retired by effluxion of time on February 29th, 1928, and were re-appointed for a term of three (3) years from March 1st, 1928.

Mr. J. Wallace Sandford was granted 12 months leave of absence from March 1st, 1928, to enable him to proceed abroad.

The Board held 49 meetings during the year.

The following information is submitted relating to the treatment of patients, &c.:—

ADELAIDE HOSPITAL.

IN-PATIENTS.

Admitted—	1927.	1928.
Remaining in Hospital on January 1st	374	389
Admissions during the year	8,266	8,728
	<hr/> 8,640	<hr/> 9,117
Discharges during the year—		
Recovered	2,644	2,041
Relieved	3,971	4,915
Unrelieved	895	845
Other causes	173	229
Died	568	652
Remaining in Hospital on December 31st	389	435
	<hr/> 8,640	<hr/> 9,117
Average number resident daily throughout the year	438	441
Average number of days each patient was resident in the Hospital	18	18

Cost of Treatment.

	Expenditure, 1927.			Expenditure, 1928.		
Maintenance—	£	s.	d.	£	s.	d.
Salaries, wages, etc.	38,398	18	11	39,309	14	5
Provisions	20,962	13	10	17,800	9	5
Medicines, etc.	9,126	5	3	8,321	16	8
Drapery	1,411	14	9	907	4	0
Crockery, ironmongery, etc. . . .	1,469	10	1	1,447	13	10
Fuel and lighting	8,613	9	8	8,914	9	3
X-ray Department	1,109	3	6	1,497	11	4
Miscellaneous	4,716	15	4	6,545	13	7
	85,808	11	4	84,744	12	6

	1927.			1928.		
	£	s.	d.	£	s.	d.
Average total cost of each in-patient . .	9	11	3½	8	18	8
Annual cost per bed occupied	188	12	11	184	13	8½
Average daily cost	0	10	4	0	10	1¼/10

N.B.—In arriving at the annual cost per bed occupied a deduction for the cost of attendance and medicines supplied to out-patients is made.

OUT-PATIENTS' DEPARTMENT.

	1928.	
	Males.	Females.
Number of patients remaining from previous year	491	515
Number of new patients	3,199	2,395
Number of new patients (previously treated)	1,058	1,222
Total number of persons treated . .	4,748	4,132
Total number of attendances	24,482	19,002
		8,880
		43,484

(Attendances includes massage, vaccine, etc., not previously shown.)

Cost of Treatment.

	£	s.	d.
Salaries, wages, etc.	1,265	17	0
Medicines, etc.	818	15	11
	2,084	12	11
		s.	d.
Average total cost per out-patient	4	8	3/10
Average total cost each out-patient attendance	0	11	½

T.B. CLINIC.

(For 11 months only—opened on 23/2/1928.)

	Males.	Females.	
New patients	75	18	
Contacts	12	10	
	<hr/> 87	<hr/> 28	115
Total number of attendances	312	197	<hr/> 509

CONSUMPTIVE HOME AND CANCER BLOCK.

	1927.	1928.
Admitted—		
Remaining in Hospital on January 1st	62	58
Admissions during year	173	159
	<hr/> 235	<hr/> 217
Discharges during year—		
Left	56	47
Died	121	108
Remaining in Hospital on December 31st	58	62
	<hr/> 235	<hr/> 217
Average number resident daily throughout the year ..	60	60

Cost of Treatment.

	1927.			1928.		
	£	s.	d.	£	s.	d.
Cost of maintenance—						
Salaries, wages, etc.	2,023	16	7	2,185	14	0
Provisions, etc.	3,938	0	7	3,530	6	6
	<hr/> 5,961	<hr/> 17	<hr/> 2	<hr/> 5,716	<hr/> 0	<hr/> 6
Average total cost of each in-patient	25	7	4 ⁷ / ₁₀	26	6	9 ⁹ / ₁₀
Annual cost per bed occupied	99	7	3	95	5	4 ¹ / ₁₀
Average daily cost	0	5	5 ³ / ₁₀	0	5	2 ¹ / ₂

INFECTIOUS DISEASES BLOCK.

Admitted—		
Remaining in Hospital on January 1st	24	26
Admitted during year	520	426
	<hr/> 544	<hr/> 452
Discharges during year—		
Recovered	363	232
Relieved	94	170
Unrelieved	26	6
Other causes	8	4
Died	27	22
Remaining in Hospital on December 31st	26	18
	<hr/> 544	<hr/> 452
Average number resident daily throughout the year .	22.5	18

Cost of Treatment.

	1927.			1928.		
	£	s.	d.	£	s.	d.
Cost of maintenance—						
Salaries, wages, etc.	1,575	16	11	1,660	7	0
Provisions, etc.	1,669	6	8	1,395	12	9
	<hr/>			<hr/>		
	3,245	3	7	3,055	19	9
	<hr/>			<hr/>		
Average total cost of each in-patient	5	19	3 ⁷ / ₁₀	6	15	2 ³ / ₅
Annual cost per bed occupied . . .	144	4	7	169	15	6 ¹ / ₂
Average daily cost	0	7	11 ⁸ / ₁₀	0	9	3 ³ / ₁₀

FINANCE.

Revenue.—The total receipts from all sources, and including all branches of the Hospital, for the year 1928, were £41,319 2s. 5d., as against £21,567 1s. 4d. for the year 1927. The revenue for 1928 includes an amount of £20,659 18s. 8d. received from municipal corporations and district councils in the metropolitan area under the Rating for Hospitals Purposes Act, 1919.

The amount of patients' fees on account of the Adelaide Hospital was £11,327 0s. 3d. for the year 1928, as against £11,815 7s. 2d. for the year 1927, a decrease of £488 6s. 11d. This amount is not considered unsatisfactory in view of the financial depression through which the State is passing.

The amount of patients' fees for the Adelaide Hospital for the year 1928 was £11,327 0s. 3d., as compared with £2,630 6s. 8d. for the year 1921, an increase of 330.6 per cent.

The fees received towards the maintenance of each patient, based on the daily average number of patients, in 1928 were £25 13s. 8d., as against £7 1s. 5d. in 1921.

Patients' fees to the amount of £3,177 11s. 8d. were written off by the Board during the year.

Patients' fees received on account of the Consumptive Home show an increase of £267 10s. over the previous year £996 4s. 2d. for 1928, as against £728 14s. 2d. for 1927.

The fees received for maintenance of patients in the Infectious Diseases Block were £310 19s. 10d. more than the previous year, £1,551 19s. 1d. in 1928, as compared with £1,240 19s. 3d. in 1927.

Laboratory fees are £136 13s. 11d. less than the previous year, the amount of revenue from this source being £2,615 5s. The revenue from this branch amounts to 59.8 per cent. of the expenditure.

The Dental Branch shows a decrease in patients' fees of £390 0s. 8d. over the previous year, £1,317 11s. in 1928, as against £1,707 12s. 6d. in 1927. The revenue of this Branch has been considerably affected by the prevailing financial depression, increasing numbers of destitute persons presenting themselves for treatment.

Details of revenue for 1928 will be found in Appendix No. 2. A table of comparison of revenue received for the years 1921-1928 is also shown.

Expenditure.—Details of expenditure will be found in Appendix No. 2.

The total expenditure of all branches of the Hospital for the year 1928 was £103,496 15s. 1d., as against £105,656 16s. 4d. for the year 1927, a decrease of £2,160 1s. 3d.

Salaries and wages show an increase of £1,727 8s. 11d., whilst there is a decrease in the amount spent on contingencies of £3,887 10s. 2d.

With regard to the Adelaide Hospital, although 477 more in-patients were treated for 1928 than in 1927, the expenditure for maintenance was £1,063 18s. 10d. less than the previous year.

The annual cost per bed occupied fell from £188 12s. 11d. to £184 13s. 8d.

RATING FOR HOSPITALS PURPOSES ACT, 1919.

During the year the provisions of the above Act were applied to the Adelaide Hospital, and municipal corporations and district councils in the metropolitan area were required to contribute towards the upkeep of the Institution.

The amount derived from this source was £20,659 18s. 8d.

POPULATION.

The total number of patients admitted to the Hospital for the year 1928 was 8,728, being 462 more than the number admitted during the year 1927.

The daily average number of indoor patients was 441, as compared with 438 for the previous year.

The number of indoor patients treated during the year 1928 was 9,117, as against 8,640 in 1927.

The number of new patients attending the Outpatients' Department was 7,974, and the total number of outpatient attendances during the year was 43,484.

In the Consumptive Home and Cancer Block the daily average was 60, and in the Infectious Diseases Block, 18.

The total number of attendances at the Dental Hospital for all purposes was 26,159. The admissions for treatment were 3,093.

HONORARY STAFF.

Dr. W. A. Verco, Honorary Gynaecologist, who resigned during the year, was appointed Honorary Consulting Gynaecologist in recognition of the many years of honorary service rendered by him.

Dr. Ivan B. Jose, Honorary Assistant Surgeon, was granted 12 months' leave of absence to enable him to proceed abroad, and Dr. A. T. Britten Jones was appointed as *locum tenens*.

Dr. A. A. Lendon was appointed Honorary Consulting Physician.

The following members of the Honorary Staff, who retired by effluxion of time, were re-appointed for a further term of three years:—

Dr. F. S. Hone, Physician; Dr. Wm. Ray, Physician; Dr. John Corbin, Surgeon; Sir H. S. Newland, Surgeon; Dr. B. Smeaton, Surgeon; Dr. M. L. Scott, Surgeon; Dr. H. F. Shorney, Ophthalmologist; Dr. E. Angas Johnson, Sanitary Adviser; Dr. S. R. Burston, Assistant Physician; Dr. H. K. Fry, Assistant Physician; Dr. F. H. Beare, Assistant Physician, I.D. Block; Dr. I. B. Jose, Assistant Surgeon; Dr. L. C. E. Lindon, Assistant Surgeon; Dr. P. S. Messent, Assistant Surgeon; Dr. C. T. Turner, Assistant Surgeon; Dr. G. Brown, Anaesthetist; Dr. R. L. Kenihan, Anaesthetist; Dr. Helen M. Mayo, Bacteriologist in charge of Vaccine Department; Prof. H. H. Woollard, Consulting Anatomist; Dr. H. T. J. Edwards, Dental Surgeon.

The following Honorary appointments were also made:—

Dr. J. R. S. G. Beard, Gynaecologist; Dr. B. H. Swift, Assistant Gynaecologist; Dr. H. W. Wunderly, Assistant Pathologist; Dr. A. D. Lamphee, Anaesthetist; Dr. G. E. Jose, Anaesthetist; Dr. G. M. Hone, Anaesthetist; Dr. H. R. Pomroy, Clinical Assistant, Venereal Clinic, Male Section; Mr. R. A. L. Laughton, Demonstrator in Metallurgy, Dental Department.

ADVISORY COMMITTEE.

In accordance with the provisions of the Hospitals Act Amendment Act, 1921, members of the Committee retired by effluxion of time on 29/2/28.

The following were appointed for a term of three (3) years:—

Nominated by the Council of the University of Adelaide—

Dr. F. S. Hone.

Nominated by the Faculty of Medicine of the University of Adelaide—

Dr. W. Ray.

Nominated by the Faculty of Dentistry of the University of Adelaide—

Sir Joseph C. Verco.

Nominated by the Board of Management of the Adelaide Hospital—

W. T. McCoy, Esq.; Dr. A. M. Cudmore.

Nominated by the Honorary Medical Staff of the Adelaide Hospital—

Dr. C. T. C. de Crespigny; Sir H. S. Newland.

Sir Joseph C. Verco resigned as a member of the Committee during the year owing to ill-health, and Mr. H. Gill Williams was appointed to the vacancy.

The Board regrets the necessity for the resignation of Sir Joseph Verco from the Committee, his long experience and advice being of great value.

The valuable advice given by the Advisory Committee from time to time is much appreciated by the Board.

OFFICIAL VISITORS.

The following Official Visitors were re-appointed for a further term of 12 months:—

Lady Hackett Moulden.

Mesdames M. Wallington and M. B. Martin.

Mr. T. P. Howard.

FIRE APPLIANCES.

The Board desires to record its appreciation of the valuable assistance given by the Metropolitan Fire Brigade, which makes regular inspections of all fire appliances and hydrants. Monthly reports and recommendations are regularly received.

FURNISHINGS, RENOVATIONS, AND IMPROVEMENTS.

The renovations and refurnishings of old wards has been continued during the year. Faith Ward has recently been finished. All old wards have now been completed under a general renovations scheme. The Gynaecological Operating Theatre has been remodelled and renovated and a new operating table provided.

The new ramp to the entrance of Flinders Ward is proving a great convenience.

The Resident Medical Officers' quarters in the old building have been re-conditioned and converted into suitable Nurses' quarters.

BUILDING ADDITIONS.

The new Kitchen and Stores Block was completed and occupied during the year. The kitchen is equipped with the most modern cooking appliances, refrigerators, &c. The food is conveyed from the kitchen in electrically heated food conveyors to the

various parts of the Hospital under covered ways. All stores, including surgical appliances, are now grouped in the one building, which was not possible previously.

OUTPATIENTS' DEPARTMENT.

Authority has been given to proceed with the erection of a temporary Outpatients' Department fronting Frome Road. The Venereal Clinic will also be accommodated thereat.

Instructions have also been given to proceed with the construction of the new Outpatients' Casualty, and Admission Block on the site of the existing Outpatient Department. It is at present intended to utilise the temporary outpatient buildings entirely as a Venereal Clinic when the new building is completed.

FUTURE BUILDING ADDITIONS.

Plans for the erection of Operating Theatre Block and additional Patients' Block have already been approved.

It is hoped that the necessary funds for this work will be provided at an early date.

LABORATORY.

Additions to the Laboratory, plans for which were approved some years ago, and urged from time to time, have not yet been proceeded with. Plans have also been decided upon for the conversion of Torrens Ward into a Museum and Library for use of the Laboratory.

X-RAY.

A portable X-Ray plant has been provided out of funds vested in the Commissioners of Charitable Funds. This plant has proved a valuable expedient for X-Ray work in the wards, etc., especially in cases where it is inadvisable to move patients on account of their condition.

WIRELESS.

Wireless has been installed in all of the wards at the Hospital, with the exception of Flinders and Light.

The apparatus is proving a great boon to those patients who are able to avail themselves of this entertainment, a pair of head phones being installed at each bed.

The Board very much appreciates the efforts of those concerned in the installation, the whole of the apparatus being purchased, and the work of installation being carried out free of cost to the Hospital.

The Board wishes to tender its grateful thanks to the following:—

Proprietors and Staff of the *Register*.

Mrs. J. W. Owen, of St. Morris.

Mr. J. A. Love (President), Mr. G. Collins (Secretary), Mr. E. Wigley, Mr. A. G. Johns, Mr. C. M. Hall, and members of the Postal Electricians' Union.

Mr. M. V. Mandeville and members of the Payneham group of Toc H.

Various donors to the Wireless Fund.

Efforts are being made to equip Flinders and Light wards in a similar manner during the coming year.

CONSUMPTIVE HOME.

During the year the remaining portions of the Consumptive Home were thoroughly cleaned and renovated.

Plans for a new Consumptive Home and Cancer Block for erection at Northfield have been approved, and the Board trusts that the work will be proceeded with as soon as possible.

INFECTIOUS DISEASES BLOCK.

Renovations of wards have been carried out during the year.

A new Infectious Diseases Hospital is now in the course of erection at Northfield, which will be under the management of municipal bodies. The existing Block on North Terrace will be vacated on the completion of this Institution.

MEDICAL SUPERINTENDENT.

The Medical Superintendent was re-appointed for a further term of three years from April 2nd, 1928.

GOLD MEDALLISTS.

Nurses N. E. Jacobs and V. L. Allen, having passed first class in all subjects in their examinations during probationship, were each awarded a gold medal.

RADIUM.

An agreement has been entered into with the Commonwealth Government for the loan of radium to the value of £7,500 approximately.

HOSPITAL AUXILIARY.

The Adelaide Hospital Auxiliary continues to perform very valuable work for the benefit of the Hospital and patients. The Kiosk in the grounds of the Hospital is open each day from

9 a.m. to 5 p.m. Friends of patients, members of the Staff, and outpatients are able to procure refreshments and other comforts throughout the day. The sewing circle branch of the Auxiliary has completely equipped the Hospital with bed linen, quilts, bed jackets, toilet covers, &c., and by the adoption of well selected color schemes has given all the wards a very pleasing and soothing appearance.

The Board wishes to place on record its sincere appreciation for the untiring work of the voluntary lady workers.

The result of their activities will also be reflected in the future by the building of a Maternity Block for the Hospital, the money expended by them being subsidised by the Government and allowed to accumulate towards this object.

Accommodation for the Sewing Committee has been provided at Austral House.

DONATIONS.

The Board has pleasure in recording the receipt of the following further donations:—

Charity Football Carnival Committee	£1,500	0	0
Mr. MacRobertson, confectioner, of Melbourne (received through the proprietors of the S.A. <i>Register</i>)	150	0	0
Trustees of the late Wm. Thorngate	30	0	0
Berlei Ltd.	50	0	0
A. A. Simpson, Esq., C.M.G., for cancer research	100	0	0

A complete list of contributors who have subscribed to the funds of the Institution during the year is contained in the report, also a list of Life Contributors. To all donors the Board extends its grateful thanks.

BEQUEST.

The following bequests are also gratefully acknowledged:—

Richman, J. M., Estate of (final instalment) . . .	£18	4	9
Previous instalments—			
1925-26	£270		
1927-8	215		
	—	485	0 0
Total bequest	£503	4	9

The late Mr. Richman was also a regular subscriber for many years.

Davies, M. E. A., Estate of, further instalments .	£15	7	6
Blight, R., Estate of (to Consumptive Home) . .	100	0	0

GIFTS, ETC.

The Board places on record its appreciation of the following gifts:—

Medical Works.—Valuable contributions from time to time from Dr. E. Angas Johnson.

Hospital Annual Reports.—From kindred Institutions in and out of the Commonwealth.

Books, magazines, clothing, produce, flowers, from various benevolent persons and church societies.

Various Band Concerts.

Flowers, shrubs, &c.—From Director of the Botanic Garden, who is at all times willing to assist the Hospital in this way.

Newspapers.—Proprietors of the *Observer*, *Church Guardian*, *M.A.N.*, *War Cry*, *Patriot*, *Barrier Daily Truth*.

Christmas Festivities.—*The News* Father Christmas Fund; Cathedral Choir; Carol singers.

The News.—Its valued efforts in connection with the Charity Football Carnival, by which the Institution and Hospital Auxiliary benefited to the extent of £1,500 are much appreciated.

Attached are statistics, reports, &c.

I have the honor to be, Sir,

Your obedient servant,

BEDLINGTON H. MORRIS, M.B., B.S.,

Chairman.

APPENDIX No. 1.

HOSPITAL STATISTICS FOR THE YEARS 1870 TO 1928, INCLUSIVE.

Year.	Number of Cases Admitted.	Number of Deaths of In-Patients.	Average Daily number of Beds Occupied.	Average number of Days Patients Discharged during the Year have been in Hospital.	Annual Cost of per Bed *Occupied.	Number of Attendances of Out-Patients Treated.	Actual Cost of Maintenance. †	Amount of Fees Received for Maintenance of Patients. ‡	Fees received towards Maintenance of each patient (based on daily average of Patients, and not deducted in calculating "Annual Cost of each Patient").
					£ s. d.		£ s. d.	£ s. d.	£ s. d.
1870	1,203	97	151	43	46 9 2½	12,885	8,131 5 6	283 3 1	1 17 6
1871	1,288	87	141	40	46 15 11	15,463	7,619 11 2	346 0 6	2 9 1
1872	1,344	108	139	38	47 2 9½	16,621	7,488 11 5	411 19 7	2 19 3¼
1873	1,438	81	137	35	47 2 10	15,930	7,284 3 2	503 15 10	3 13 6½
1874	1,685	98	134	29	51 4 3½	14,872	7,778 13 2	446 1 9	3 6 7
1875	1,958	179	157	29	46 2 0	17,220	8,479 2 9	322 0 4	2 1 0¼
1876	2,130	167	169	27	51 15 1½	16,456	9,947 5 4	500 9 4	2 19 11¼
1877	2,157	153	188	30	53 7 2¾	20,665	11,597 18 8	403 12 6	2 2 11¼
1878	2,441	185	189	28	46 2 11	20,093	10,156 2 6	821 0 6	4 6 10½
1879	2,225	148	165	26	48 8 8	15,242	9,566 10 3	734 13 4	4 9 0½
1880	2,088	139	155	30	47 16 2¼	15,763	8,705 1 8	726 12 5	4 13 9
1881	2,105	131	159	25	43 19 4¼	15,981	8,196 3 6	674 19 6	4 4 10¾
1882	2,115	176	174	28	44 2 5¾	14,188	8,937 2 0	700 4 1	4 4 0 5¾
1883	2,119	174	165	28	58 14 2	7,661.	10,548 16 3	637 12 10	3 17 3¼
1884	2,129	159	172	28	56 6 6	8,218	10,693 3 9	791 18 3	4 12 1
1885	2,024	153	167	29	53 4 8	7,445	9,755 11 0	660 14 9	3 19 1½
1886	1,878	164	174	33	51 14 10¾	10,320	9,679 8 6	565 19 10	3 5 0¾
1887	1,895	144	172	32	51 16 10	10,554	9,686 13 11	657 2 3	3 16 4¾
1888	2,003	180	184	31	49 13 3¾	10,983	9,875 11 7	529 19 5	2 17 7¼
1889	2,075	169	191	33	64 5 3	13,046	12,877 18 6	435 3 5	2 5 6¾
1890	2,026	191	185	32	63 4 10½	12,877	12,416 4 2	552 0 1	2 19 8
1891	2,147	206	192	31	66 7 10¾	13,003	13,699 18 5	516 8 4	2 13 9¾
1892	2,251	193	195	29	66 17 10½	12,495	14,011 10 11	497 17 8	2 11 0¾
1893	2,328	213	201	30	62 7 9	14,513	13,483 2 10	662 3 4	3 5 11
1894	2,366	209	209	33	62 8 2	15,286	14,012 17 1	570 2 0	2 14 6½
1895	2,621	260	239	37	53 5 7	16,484	13,760 3 6	563 3 6	2 7 1

1896	2,438	222	225	32	61	16	8	15,808	14,890	9	8	427	17	7	1	18	0 $\frac{1}{4}$
1897	2,740	225	231	31	71	1	10	18,040	17,568	4	10	421	3	2	1	16	5 $\frac{1}{2}$
1898	3,246	246	234	26	69	14	6	17,468	17,564	19	1	320	5	10	1	7	4 $\frac{1}{2}$
1899	3,493	257	244	25	69	7	6 $\frac{1}{2}$	18,117	18,200	12	0	513	18	8	2	2	1 $\frac{1}{2}$
1900	3,036	243	219	25	75	5	10 $\frac{3}{4}$	17,390	17,616	1	8	338	14	11	1	10	11
1901	3,371	282	250	25	75	12	11	19,233	20,103	12	8	322	14	7	1	5	9 $\frac{3}{4}$
1902	3,193	264	248	26	73	5	6	20,233	19,065	1	8	602	19	8	2	8	7
1903	3,055	291	254	23	66	8	5	20,059	17,542	10	8	720	19	3	2	16	9
1904	2,724	265	214	28	68	16	10	20,518	15,491	7	4	799	10	8	3	14	9
1905	2,810	264	217	25	67	18	2	22,120	15,511	7	6	816	11	1	3	15	3
1906	3,056	253	222	25	67	16	7	21,902	15,919	7	5	739	9	5	3	6	7
1907	3,022	276	241	28	71	0	10	21,287	18,057	13	2	844	15	2	3	10	1
1908	3,200	270	266	26	75	1	3	20,089	20,856	8	0	823	19	9	3	2	4
1909	3,452	296	273	25	74	16	0	19,766	21,605	16	4	758	19	0	2	15	7
1910	3,763	332	274	21	77	15	10	18,838	22,488	12	10	955	18	5	3	9	9
1911	3,861	334	278	23	83	17	0	16,910	24,527	14	7	1,027	16	1	3	13	3
1912	4,024	330	288	26	101	6	0	19,343	30,832	8	7	1,619	13	3	5	12	6
1913	4,428	388	284	24	101	4	6	20,615	30,514	6	7	1,484	9	0	5	4	6
1914	5,013	371	298	20	97	16	10	20,808	30,848	4	7	1,003	10	4	3	7	4
1915	4,636	416	293	21	103	0	4	20,827	33,416	11	11	1,462	9	1	4	19	10
1916	4,861	377	292	20	119	10	2	16,882	36,857	6	2	1,130	12	11	3	17	5
1917	4,919	349	297	21	133	11	8	15,339	41,678	15	1	1,704	13	9	5	14	10
1918	5,292	423	314	21	119	17	0	18,398	39,659	1	2	1,962	13	4	3	1	3
1919	4,765	405	299	20	142	14	11	16,370	45,255	7	0	2,021	7	8	6	15	2
1920	4,980	416	334	23	165	16	1	17,591	57,378	9	1	2,157	7	10	5	19	9
1921	5,105	449	372	23	157	14	9	18,997	64,626	16	4	2,630	6	8	7	1	5
1922	5,514	460	398	24	142	5	2	19,831	62,342	1	2	4,192	16	0	10	10	8
1923	6,122	464	394	22	155	0	10	18,683	67,087	2	4	5,978	19	10	15	3	6
1924	6,792	532	419	21	157	17	3	21,049	69,880	13	2	8,006	9	2	19	2	2
1925	7,082	534	401	20	163	2	10	22,694	70,152	10	11	9,288	8	8	23	3	3
1926	7,580	547	422	20	172	7	1	24,943	75,231	9	9	10,383	6	2	24	12	1
1927	8,266	568	438	18	188	12	11	34,438	85,808	11	4	11,815	7	2	26	19	6
1928	8,728	652	441	18	184	13	8	43,484	84,744	12	6	11,327	0	3	25	13	8

* The cost per head is arrived at by making allowance for attendance and medicines supplied to the out-patients, etc., viz., £3 298 16s. 7d.

† For years 1870 to 1923 the amounts shown are the total expenditure for each year. From the year 1924 the amounts shown are the actual cost of maintenance for the year. For the year 1928 the amount £84,744 12s. 6d., does not include:—Consumptive Home, £5,716 0s. 6d.; Infectious Diseases Block, £3,055 19s. 9d.; S.A. Government Laboratory, £4,402 11s. 10d.; and Dental Hospital, £5,386 14s. 9d.

‡ The fees received do not include Consumptive Home, £996 4s. 2d.; Infectious Diseases Block, £1,551 19s. 1d.; S.A. Govt. Laboratory, £2,615 5s. 0d.; and Dental Hospital, £1,475 19s. 10d.

The total number of deaths (652) does not include Consumptives and Cancer Home (108) and Infectious Diseases Block (22).

The statistics for the year as compared with those of 1927, show the following:—Increases—Number of admissions, 462; number of deaths, 84; attendances of out-patients, 9,046; average daily number of in-patients, 3. Decreases—Expenditure, £1,063 18s. 10d.; annual cost of in-patients, £3 19s. 3d.; patients' fees, £488 6s. 11d.

Two hundred and ninety-four patients have been sent to the Convalescent Hospital, Semaphore. The Da Costa Fund, created by Miss Da Costa, to assist convalescent patients leaving Hospital, paid for the maintenance of 182 of these patients at the Convalescent Hospital.

The number of cases of enteric fever treated, showing percentage of mortality over same:—

In 1887 there were 161 cases and 19 deaths = 11·8 per cent.

" 1888	"	177	"	15	"	= 8·4	"
" 1889	"	153	"	21	"	= 13·7	"
" 1890	"	95	"	16	"	= 16·8	"
" 1891	"	63	"	13	"	= 20·6	"
" 1892	"	85	"	15	"	= 17·6	"
" 1893	"	76	"	8	"	= 10·5	"
" 1894	"	131	"	18	"	= 13·7	"
" 1895	"	97	"	19	"	= 19·6	"
" 1896	"	138	"	18	"	= 13·0	"
" 1897	"	167	"	17	"	= 10·1	"
" 1898	"	303	"	24	"	= 7·9	"
" 1899	"	195	"	16	"	= 8·2	"
" 1900	"	75	"	8	"	= 10·6	"
" 1901	"	155	"	15	"	= 9·6	"
" 1902	"	135	"	19	"	= 14·0	"
" 1903	"	76	"	7	"	= 9·2	"
" 1904	"	42	"	7	"	= 16·6	"
" 1905	"	52	"	5	"	= 9·6	"
" 1906	"	66	"	14	"	= 21·2	"
" 1907	"	55	"	12	"	= 21·8	"
" 1908	"	72	"	9	"	= 12·5	"
" 1909	"	71	"	10	"	= 14·0	"
" 1910	"	64	"	7	"	= 10·9	"
" 1911	"	52	"	5	"	= 9·6	"
" 1912	"	64	"	6	"	= 9·3	"
" 1913	"	105	"	13	"	= 12·4	"
" 1914	"	72	"	11	"	= 15·3	"
" 1915	"	66	"	9	"	= 13·7	"
" 1916	"	86	"	12	"	= 14·0	"
" 1917	"	59	"	6	"	= 10·1	"
" 1918	"	35	"	1	"	= 2·8	"
" 1919	"	14	"	3	"	= 21·4	"
" 1920	"	33	"	3	"	= 9·0	"
" 1921	"	60	"	4	"	= 6·7	"
" 1922	"	33	"	3	"	= 9·1	"
" 1923	"	20	"	3	"	= 15·0	"
" 1924	"	22	"	2	"	= 9·1	"
" 1925	"	14	"	2	"	= 14·3	"
" 1926	"	18	"	2	"	= 11·1	"
" 1927	"	17	"	3	"	= 17·6	"
" 1928	"	16	"	5	"	= 31·25	"

Of the cases of enteric fever the following statistics are of value:—

Localities from whence cases of Enteric Fever were received.

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Adelaide	14	12	7	3	15	15	8	6	5	1	1	2	—
Alberton	1	2	—	—	—	2	—	—	1	1	1	—	—
Allandale	—	—	—	—	—	—	—	—	—	—	—	—	—
Ambleside	—	—	—	—	1	—	—	—	—	—	—	—	—
Ashton	—	—	—	—	—	—	—	—	—	—	—	—	—
Athelstone.....	—	2	3	—	—	—	—	—	—	—	—	—	—
Balaklava	—	—	—	—	1	—	—	1	—	—	—	—	—
Balhannah	—	—	—	—	—	—	—	—	—	—	—	—	—
Basket Range ..	1	—	—	—	—	—	—	—	—	—	—	—	—
Belair	—	—	—	1	—	—	—	—	—	—	—	—	—
Biggs Flat	—	—	—	—	—	—	—	—	—	—	—	—	—
Birkenhead	—	2	—	—	1	2	—	—	—	—	—	—	—
Black Swamp ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Blackwood	—	—	—	—	—	—	—	—	—	—	—	—	—
Bordertown	2	—	—	—	—	1	—	—	—	—	—	—	—
Bowden.....	1	—	—	1	1	2	2	1	—	—	—	—	—
Bowmans	—	—	—	—	—	—	1	—	—	—	—	—	—
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—
Brighton	—	—	—	1	—	—	—	—	—	—	—	—	—
Broken Hill	1	—	—	—	—	—	—	—	—	1	—	—	—
Brompton	1	1	1	—	—	—	1	3	1	—	—	—	—
Brooklyn Park ..	1	—	—	—	—	—	—	—	—	1	—	—	—
Burnside	—	—	—	—	—	1	—	—	—	—	—	—	—
Burra	—	—	—	—	—	—	—	—	—	—	—	1	—
Campbelltown ..	1	—	—	—	—	—	—	—	—	—	—	—	—
Campden Park ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Chain of Ponds ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Cheltenham	1	—	—	—	—	—	1	—	—	—	1	—	—
Chicago.....	—	2	—	—	1	2	—	—	—	—	1	—	—
Clare	—	1	—	—	—	—	—	—	—	—	—	—	—
Clarence Park ..	—	—	—	—	—	—	1	—	—	—	—	—	—
Cobdogla	—	—	—	—	—	1	—	—	—	—	—	—	—
Cooke's Plains ..	1	—	—	—	—	—	—	—	—	—	—	—	—
Coromandel Valley	—	—	—	—	—	—	—	—	—	—	—	—	—
Croydon.....	—	1	—	—	—	—	—	1	1	2	—	1	—
Dry Creek.....	1	—	—	—	—	—	—	—	—	—	—	—	—
Dulwich	—	—	—	—	—	—	—	—	1	—	—	—	—
East Adelaide ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastwood	—	—	—	—	—	2	—	—	—	—	—	—	1
Edwardstown ..	1	—	—	—	—	—	—	—	—	—	—	—	—
Encounter Bay..	—	—	—	—	—	—	—	—	—	—	—	—	—
Enfield	—	—	—	—	1	—	—	—	—	—	—	—	—
Exeter	—	—	—	4	—	—	1	—	—	—	—	—	—
Farina	—	—	—	—	—	—	—	1	—	—	—	—	—
Findon	—	—	—	—	—	1	—	—	—	—	—	—	—
Fullarton	7	—	—	—	—	—	—	—	—	—	—	—	—
Gawler	—	—	—	—	—	—	—	—	—	—	—	—	—
Gawler River ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Gawler South ..	—	—	—	—	—	1	—	—	—	—	—	—	—
Gawler West ..	—	1	—	—	—	—	—	—	—	—	—	—	1
Gaza	—	—	—	—	—	—	1	—	—	—	—	—	—
Gilberton	—	—	—	—	—	—	—	—	—	—	—	—	—
Glanville	1	—	1	—	—	—	1	1	—	—	—	—	—
Glenelg	—	—	2	—	—	1	—	—	—	—	—	—	1
Glen Osmond ..	1	—	—	—	—	—	—	—	—	—	—	—	—
Glenunga	—	—	—	—	—	—	—	—	—	—	1	—	—
Goodwood	—	—	2	—	—	2	—	—	—	—	—	—	—
Goolwa	1	3	1	—	—	—	—	—	—	—	—	—	—
Grange	—	—	—	—	—	1	—	—	—	—	—	—	—

Localities from which cases of Enteric Fever were received—continued.

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Nailsworth	—	—	—	—	—	—	—	1	—	—	—	—	—
New Glenelg	—	—	—	—	—	—	—	—	—	—	—	—	—
Noarlunga	—	—	—	—	—	—	—	—	—	—	—	—	—
North Adelaide . .	—	—	—	—	—	—	—	—	2	1	—	2	—
Northfield	—	—	—	—	—	—	—	—	1	—	—	—	—
Norton's Summit	1	—	—	—	—	—	—	—	—	—	—	—	—
Norwood	2	2	—	—	—	—	—	—	—	1	1	—	2
Oakbank	—	—	—	—	—	—	—	—	—	—	—	—	—
Oaklands	—	—	—	—	—	—	—	—	—	—	—	—	—
Ottoway	—	—	1	—	—	—	—	—	—	—	—	—	—
Paddington	—	—	—	—	—	—	—	—	—	—	1	—	—
Paradise	—	—	—	—	—	—	—	—	—	—	—	—	—
Parilla	—	—	—	—	—	—	—	—	—	—	1	—	—
Parkside	2	—	1	1	—	2	—	—	—	—	—	1	—
Payneham	—	—	1	—	—	1	—	—	—	—	—	—	—
Penong	—	—	—	—	—	—	—	—	—	—	—	—	—
Peterhead	1	—	—	—	—	—	—	—	—	—	—	—	1
Pinnaroo	2	—	—	—	—	—	—	—	—	—	—	—	—
Plympton	1	—	—	—	—	—	—	—	—	—	—	—	—
Point McLeay . .	1	—	—	—	—	—	—	—	—	—	—	1	—
Port Adelaide . .	4	1	2	—	2	3	2	1	—	—	—	1	—
Port Augusta . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Port Elliot	—	1	—	—	—	—	—	—	—	—	—	—	—
Port Lincoln . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Port Pirie	—	—	—	—	—	1	—	—	—	—	—	—	—
Portland	2	—	—	—	—	—	—	—	—	—	—	—	—
Prospect	1	1	—	—	—	1	4	—	1	—	1	—	—
Queenstown	—	—	1	—	—	—	—	—	—	—	—	—	—
Reynella	—	—	—	—	1	—	—	—	—	—	—	—	—
Richmond	—	—	—	—	—	—	—	—	—	—	—	—	—
Rose Park	—	—	—	—	1	—	—	—	—	—	—	—	—
Rosewater	1	—	2	—	—	—	—	—	—	—	—	—	—
Rowland's Flat . .	—	1	—	—	—	—	—	—	—	—	—	—	—
Sandwell	1	1	—	—	—	—	—	—	—	—	—	—	—
Semaphore	—	—	1	—	1	—	—	—	—	1	—	—	1
Solomontown . .	—	—	—	—	—	—	—	1	—	—	—	—	—
Spalding	—	—	—	—	—	—	—	—	—	—	—	—	1
Stirling West . . .	—	—	—	—	—	1	—	—	—	—	—	—	—
Ships, Seamen, fm	—	1	—	1	2	2	—	—	—	—	—	—	—
Stockade Reserve	—	1	—	—	—	—	—	—	—	—	—	—	—
Stepney	—	—	—	—	—	—	2	—	—	—	—	—	—
Strathalbyn	1	—	—	—	—	—	—	—	—	—	—	—	—
Sutherlands	—	—	—	—	—	—	—	—	—	—	—	—	1
Tailem Bend	—	—	1	—	—	—	—	—	—	1	—	—	—
Tea Tree Gully . .	—	—	—	—	—	—	—	—	—	—	—	—	—
Thebarton	—	1	—	—	—	—	3	—	—	—	—	1	—
Torrensville	—	—	—	—	—	—	1	—	—	—	—	—	—
Two Wells	—	—	—	—	—	1	1	—	—	—	—	—	—
Unley	1	—	—	—	—	—	—	—	—	—	—	—	1
Uraidla	1	—	—	—	—	—	—	—	—	—	—	—	—
Victor Harbor . .	2	1	—	1	—	2	—	—	—	—	—	—	—
Walkerville	2	1	—	—	—	—	—	—	—	—	—	—	—
Waukaringa . .	—	—	—	—	—	—	—	—	1	—	—	—	—
Wasleys	—	—	—	—	—	—	—	—	—	—	—	—	—
Welland	—	3	—	—	—	1	—	—	—	—	—	—	—
Westbourne Park	1	1	—	—	—	—	—	—	—	—	—	1	—
Willaston	—	—	—	—	1	—	—	—	—	—	—	—	—
Williamstown . .	—	1	—	—	—	—	—	—	—	—	—	—	—
Willunga	—	—	—	—	—	—	—	—	—	—	—	—	—
Wolseley	—	—	—	—	—	—	—	—	—	—	—	—	—

Localities from which cases of Enteric Fever were received—continued.

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Woodville.....	2	—	1	—	—	—	—	—	—	—	1	—	—
Yankalilla.....	—	1	—	—	—	—	—	—	—	—	—	—	—
Yatala	1	2	1	—	—	—	—	1	—	—	—	—	—
Yorke Peninsula.	—	—	1	—	—	—	—	—	—	—	—	—	—
Outside State (ships)	—	—	1	—	—	—	—	—	—	—	6	—	—
No Fixed Abode.	—	—	—	—	—	1	—	—	4	—	—	—	—
Totals	86	59	34	14	33	60	33	20	22	14	18	17	16

The admissions of the above mentioned were distributed throughout the year as follows, viz.:—

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
January.....	11	22	7	—	7	10	9	4	—	1	4	3	2
February ..	10	12	6	4	6	7	1	3	3	—	1	2	1
March	13	4	6	2	6	6	4	4	4	1	4	4	—
April	12	6	3	4	4	4	2	3	3	3	4	2	1
May	2	3	7	2	3	6	8	3	1	2	1	1	1
June	3	2	—	—	1	2	3	2	1	1	2	—	2
July	4	2	4	—	2	5	1	—	1	—	—	—	2
August	5	1	—	—	—	4	1	—	1	—	—	—	1
September ...	5	2	—	—	1	3	1	1	1	—	1	—	1
October	6	1	2	—	2	6	3	—	—	3	1	1	1
November....	5	2	—	—	1	3	—	—	1	—	—	2	1
December	10	2	—	2	—	4	—	—	6	3	—	2	3

The return of prescriptions made up for other departments, &c., during the year 1928 is as follows:—

Children's Welfare and Public Relief Department—

(a) Old Folk's Home	2,867
(b) Destitute Persons	1,553
(c) State Children	265
	————— 4,685
Adelaide Gaol	701
Consumptive Home	3,832
Infectious Diseases Block	2,049
Bacteriological Block (solutions, &c.)	130
Dental Hospital	26
T.B. Clinic	841
	————— 12,264

Subjoined is a list of the honorary and paid staff of the Hospital, including the Consumptives' Home, and Infectious Diseases Block, Bacteriological Block, and Dental Branch:—

Honorary Consulting Physicians and Surgeons	19
Honorary Physicians	4
Honorary Surgeons	4
Honorary Gynæcologists	2
Honorary Ophthalmologist	1
Honorary Assistant Ophthalmologist	2
Honorary Dermatologist	1
Honorary Pathologist	1
Honorary Aural Surgeon	1
Honorary Clinical Physiologist	1
Honorary Sanitary Adviser	1
Honorary Assistant Aural Surgeon	1
Honorary Assistant Pathologist	1
Honorary Radiologist	1
Honorary Anæsthetists	6
Honorary Bacteriologist in charge Vaccine Department	1

List of the Honorary and Paid Staff—continued.

Honorary Assistant Gynæcologists	2
Honorary Assistant Physician, Infectious Diseases Block.....	1
Honorary Assistant Physician Consumptive Home	1
Honorary Assistant Physicians	4
Honorary Assistant Surgeons.....	4
Honorary Clinical Assistant to the Aural Department	1
Medical Officer T.B. Clinic	1
Assistant to the Honorary Officer in charge Electro-Cardiograph..	1
Honorary Bio-chemist.....	1
Honorary Consulting Metallurgist to the Dental Branch	1
Honorary Dental Surgeons.....	15
Honorary Clinical Assistant to the Venereal Clinic (Male Section)	1
Medical Officers Venereal Clinic	2
Medical Superintendent	1
Medical Registrar	1
Surgical Registrar	1
Resident Medical Officers	18
Lay Superintendent.....	1
Storekeeper	1
Assistant Storekeeper	1
Inquiry Officer.....	1
Clerks	10
Dispensers.....	4
Telephonists	2
Matron	1
Assistant Matron	1
Superintendent Department of Dentistry.....	1
House Dental Surgeon, Department of Dentistry	1
Dental Surgeon	1
Dental Surgeon (part time)	1
Dental Mechanics	3
Clerks, Department of Dentistry	3
Matron Infectious Diseases Block.....	1
Matron Consumptive Home	1
Surgical Mechanic and Custodian of Surgical Stores	1
Radiographer	1
Assistant Radiographers	2
Director Bacteriological Department.....	1
Deputy Director do	1
Assistants do	6
Clerk do	1
Resident Masseuse	1
Assistant Masseuses.....	6
Sister Tutor	1
Charge Nurses (day)	28
Charge Nurses (night).....	3
Nurse Operation Room	1
Charge Nurses (Out-patients' Department) (1 part time)	3
Charge Nurse (X-ray Department)	1
Charge Nurses (Dental Hospital)	4
Probationer Nurses	164
Housekeeper	1
Seamstresses	2
Housemaids and Wardmaids	64
Laundry Forewoman	1
Laundresses	18
Boiler Attendants.....	3
Carpenter	1
Cooks and other Attendants	45
Charwomen	8
Honorary Staff	80
Salaried Staff	425

APPENDIX No. 2.

FINANCIAL.

Revenue for Year ended December 31st, 1928

Adelaide Hospital—	£	s.	d.	£	s.	d.
Patients' fees	10,999	13	3			
Patients' X-Ray Fees	327	7	0			
	11,327	0	3			
Subscribers' contributions	1,018	5	3			
Students' fees	65	2	0			
Sale of drugs, &c. (to Government departments)	271	14	3			
Sale of kitchen refuse, &c.	170	16	3			
Repayments	197	4	6			
Sundries	741	19	4			
Rebate on gas	193	3	7			
Witness Fees	16	3	6			
Patients money unclaimed six years	18	6	9			
	14,019	15	8			
Amounts received under the Rating for Hospital Purposes Act, 1919	20,659	18	8			
				34,679	14	4
Consumptive Home—Fees				996	4	2
Infectious Diseases Block—Fees				1,551	19	1
Laboratory—Fees				2,615	5	0
Dental Branch { Fees, patients, £1,317 11s. 10d. . } { Students' fees, £158 8s. 0d. }				1,475	19	10
Total				£41,319	2	5

Comparison of Revenue Received for the Years 1921 to 1928.

	1921	1922	1923	1924
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Adelaide Hospital.....	5,062 9 6	6,664 2 9	8,376 1 9	10,409 8 10
Consumptive Home	688 9 6	754 8 11	1,109 18 8	1,210 11 2
Infectious Diseases Block	3,732 4 0	3,069 15 3	2,355 7 7	2,820 0 3
S.A. Government Laboratory.....	2,301 9 5	2,528 1 0	2,228 15 9	2,601 18 6
Dental Hospital	50 17 3	106 7 9	1,478 12 5	2,053 0 5
Total.....	11,835 9 8	13,122 15 8	15,548 16 2	19,094 19 2

	1925.	1926.	1927.	1928.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Adelaide Hospital	12,094 16 10	13,351 10 2	14,312 0 0	* 34,679 14 4
Consumptive Home.....	932 6 3	926 6 7	728 14 2	996 4 2
Infectious Diseases Block	2,851 16 1	1,428 14 5	1,240 19 3	1,551 19 1
S.A. Government Laboratory	2,489 1 4	2,676 15 4	2,751 18 11	2,615 5 0
Dental Hospital	2,539 1 2	2,331 0 5	2,533 9 0	1,475 19 10
Total.....	20,907 1 8	20,714 6 11	21,567 1 4	41,319 2 5

* Includes £20,659 18s. 8d. received under the Rating for Hospital Purposes Act, 1919.

Expenditure for Year ending December 31st, 1928.

	Salaries.			Contingencies.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
Adelaide Hospital.	50,428	16	6	53,067	18	7	103,496	15	1
Consumptive Home									
Infectious Diseases Block.....									
S. A. Government Laboratory									
Dental Hospital...									

Statement showing Actual Cost of Maintenance for Year ended December 31st, 1928.

	Salaries.			Contingencies (i.e., Medicines, Provisions, &c.)			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
Adelaide Hospital	39,309	14	5	45,434	18	1	*84,744	12	6
Consumptive Home ...	2,185	14	0	3,530	6	6	5,716	0	6
Infectious Diseases Block	1,660	7	0	1,395	12	9	3,055	19	9
S.A. Govt. Laboratory .	3,560	9	4	842	2	6	4,402	11	10
Dental Hospital	3,712	11	9	1,674	3	0	5,386	14	9
	£50,428	16	6	52,877	2	10	103,305	19	4

* See statement attached.

Statement showing Value of Various Items included in the Actual Cost of Maintenance of the Adelaide Hospital.

	£	s.	d.
Salaries and extra services	39,309	14	5
Medicines, surgical instruments, druggists' sundries..	8,321	16	8
Crockery, ironmongery, tinware, and repairs, etc.....	1,447	13	10
Drapery	907	4	0
Alcoholic stimulants	151	5	6
Provisions for patients, officers, nurses, and attendants—	£	s.	d.
Meat.....	3,074	7	9
Bread.....	716	19	0
Milk	3,499	4	2
Butter	1,832	16	0
Eggs	639	4	10
Groceries, &c.	4,643	17	10
Vegetables, &c.	1,404	8	4
Fish	813	12	7
Poultry	849	2	5
Ice	264	0	0
Aerated waters.....	62	16	6
	17,800	9	5
X-ray appliances	1,497	11	4
Clock repairs, &c.	10	17	0
Gas	2,261	8	4
Fuel	4,921	16	0
Water and sewer rates	2,439	2	6
Stationery, printing, telegrams, telephones, &c.	1,717	4	9
Advertising, &c.....	113	19	9
Electric supply.....	1,731	4	11
Rent, fire alarm	11	6	0
Repairs by Architect-in-Chief's Department.....	180	5	6
Nurses' invalid cookery class	43	6	3
Funeral services	64	14	0
Ambulance charges	243	10	0
Board fees	218	8	0
Allowances	100	0	0
Repairs, renewals, and sundries	1,251	14	4
	£84,744	12	6

APPENDIX No. 3.
STATISTICS FOR YEAR 1928.
Medical Statistics, 1928.

	Males.	Females.	Total.
Remaining in Hospital on December 31st, 1927	219	170	389
Admissions during the year 1928	4,705	4,023	8,728
	<hr/>	<hr/>	<hr/>
	4,924	4,193	9,117
Discharges during the year 1928—			
Recovered	2,041		
Relieved	4,915		
Unrelieved	845		
Other causes	229		
Died.....	652		
Remaining in Hospital on December 31st, 1928—Males, 252; females, 183	435		
	<hr/>		9,117
Average number resident daily throughout the year			441
Mean residence of each patient in days			18
Number of out-patients attended during the year— new cases			7,874
Number of attendances of out-patients during the year.....			43,484

CLASSIFICATION OF DISEASES OF PATIENTS TREATED FOR YEAR ENDING DECEMBER 31st, 1928.

NOTE.—Concurrent Diseases.—The figures in this column represent the number of patients in whom the disease was of secondary importance or was a complication.

GROUP 1.—GENERAL DISEASES.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—SPECIFIC INFECTIOUS DISEASES.										
Enteric	10	6	3	6	—	—	5	2	16	—
Malaria	—	—	—	—	—	—	—	—	—	—
Measles	2	—	—	—	—	2	—	—	2	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—
Pertussis	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	2	—	—	—	2	—	—	2	3
Mumps	—	—	—	—	—	—	—	—	—	1
Dysentery	11	1	—	7	1	—	3	1	12	2
Erysipelas	2	2	—	—	2	2	—	—	4	2
Febricula	—	—	—	—	—	—	—	—	—	—
Septicaemia and pyaemia (non-puerperal)	1	—	1	—	—	—	—	—	1	6
Tetanus	1	—	—	1	—	—	—	—	1	1
Anthrax	1	—	—	1	—	—	—	—	1	—
Actinomycosis	2	—	—	—	1	—	1	—	2	—
Encephalitis lethargica	7	4	1	6	—	—	2	2	11	—
Acute anterior polio-myelitis	3	1	—	1	3	—	—	—	4	1
Epidemic cerebro-spinal meningitis	1	1	—	—	1	1	—	—	2	—
Rheumatic fever	26	26	8	33	1	1	4	5	52	3
Paratyphus (typhus-like disease)	7	1	4	3	—	—	—	1	8	—
Influenza	8	19	4	15	—	—	4	4	27	2
Varicella	—	—	—	—	—	—	—	—	—	1
B.—TUBERCULOSIS.										
Tuberculosis of lungs (specify)	146	127	—	116	114	6	19	18	273	19
Acute miliary tuberculosis	1	2	—	—	—	—	3	—	3	2
Tuberculous meningitis	1	2	—	—	—	—	2	1	3	4
Abdominal tuberculosis (specify)	1	7	—	4	1	—	1	2	8	7
Spinal caries (locate)	8	7	1	5	2	—	2	5	15	1
Tuberculosis of joints (locate)	11	9	—	12	3	—	2	3	20	6
Tuberculosis of other organs—	—	—	—	—	—	—	—	—	—	4
(a) Pharynx and larynx	—	—	—	—	—	—	—	—	—	—
(b) Genito-urinary (locate)	9	8	4	8	—	—	3	2	17	7
(c) Lymph glands	5	3	—	7	1	—	—	—	8	2
(d) Bone	1	—	—	—	—	—	—	1	1	—
(e) Skin	1	—	—	1	—	—	—	—	1	—
(f) Eye	1	—	—	—	—	—	—	1	1	—
Tuberculous abscess (locate)	—	3	—	1	2	—	—	—	3	3
Disseminated tuberculosis	—	—	—	—	—	—	—	—	—	—
C.—VENEREAL DISEASE.										
Syphilis primary	6	1	—	5	2	—	—	—	7	1
Syphilis secondary	—	2	—	1	—	1	—	—	2	2
Syphilis tertiary	40	18	—	32	9	1	12	4	58	14
Syphilis hereditary	—	—	—	—	—	—	—	—	—	—
Soft chancre	—	—	—	—	—	—	—	—	—	—
Gonococcus infection (locate)	91	32	4	100	13	2	1	3	123	25
D.—MALIGNANT DISEASES.										
Cheek	5	2	—	4	2	—	—	1	7	1
Ear	3	—	—	1	2	—	—	—	3	1
Floor of mouth	5	—	—	4	—	—	—	1	5	—
Jaw	10	1	—	6	5	—	—	—	11	3
Lip	28	3	5	19	6	1	—	—	31	3
Roof of mouth	2	—	—	—	1	—	1	—	2	—
Tonsils and fauces	2	—	—	1	1	—	—	—	2	—
Tongue	12	—	—	7	3	—	1	1	12	—
Oesophagus	6	1	—	3	4	—	—	—	7	—
Liver	2	4	—	1	2	—	3	—	6	4
Stomach	52	13	—	19	26	2	16	2	65	2
Intestines	13	11	1	7	7	2	3	4	24	4
Peritoneum and abdomen	1	—	—	—	1	—	—	—	1	3
Rectum and anus	6	1	—	3	3	—	—	1	7	—
Ovaries	—	8	—	4	3	—	1	—	8	—
Uterus	—	41	1	28	10	1	1	—	41	2
Vulva and vagina	—	6	—	5	—	1	—	—	6	1
Breast	—	36	1	18	11	2	4	—	36	2
Rodent ulcer	13	8	3	11	5	1	—	1	21	4
Epithelioma	—	2	—	1	1	—	—	—	2	—

GROUP 1.—GENERAL DISEASES—*continued.*

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease
D.—MALIGNANT DISEASES—<i>continued.</i>										
Malignancy of other organs—										
Bladder	7	6	—	6	5	1	1	—	13	2
Bones	—	2	—	—	2	—	—	—	2	—
Brain	—	—	—	—	—	—	—	—	—	—
Ductless glands	1	—	—	—	—	—	1	—	1	—
Eye	2	2	1	1	2	—	—	—	4	—
Kidney	—	1	—	—	1	—	—	—	1	1
Larynx	11	—	—	—	9	—	2	—	11	—
Lungs	—	2	—	—	2	—	—	—	2	1
Lymph glands	15	6	—	15	4	2	—	—	21	24
Mediastinum	1	—	—	—	1	—	—	—	1	—
Nasal passages	2	1	—	1	1	1	—	—	3	—
Pancreas	4	3	—	—	4	—	3	—	7	1
Penis	2	—	—	1	1	—	—	—	2	—
Prostate	15	—	—	4	2	2	6	1	15	1
Salivary glands	—	—	—	—	—	—	—	—	—	—
Soft tissues	11	7	1	10	5	—	1	1	18	—
Testicle	—	—	—	—	—	—	—	—	—	—
Gallbladder	3	3	—	—	3	—	2	1	6	—
E.—HYDATID DISEASES.										
Hydatid of—										
Abdomen	3	2	—	4	1	—	—	—	5	1
Brain and cord	—	—	—	—	—	—	—	—	—	—
Bones	—	1	1	—	—	—	—	—	1	—
Kidney	—	—	—	—	—	—	—	—	—	—
Liver	2	4	—	2	2	—	2	—	6	2
Lung	4	3	1	6	—	—	—	—	7	—
Pelvic viscera.....	—	—	—	—	—	—	—	—	—	1
Spleen	1	—	—	—	1	—	—	—	1	—
Omentum	—	—	—	—	—	—	—	—	—	1
Pancreas	—	—	—	—	—	—	—	—	—	—
Others	—	2	1	1	—	—	—	—	2	—
F.—INNOCENT TUMOURS.										
(Benign tumours of female genital organs, prostate, thyroid, breast, eye, bladder, kidney, liver, bone, neuromata, gliomata, and located polypi excepted. State location).										
Adenoma	—	3	1	1	1	—	—	—	3	—
Angioma	—	1	—	—	—	1	—	—	1	—
Chondroma.....	—	—	—	—	—	—	—	—	—	—
Cystoma	—	—	—	—	—	—	—	—	—	—
Fibroma	—	1	—	—	—	—	—	1	1	1
Haematoma (old)	—	—	—	—	—	—	—	—	—	—
Lipoma	2	9	7	3	1	—	—	—	11	2
Osteoma	—	2	1	1	—	—	—	—	2	1
Papilloma	—	—	—	—	—	—	—	—	—	—
Teratoma	—	—	—	—	—	—	—	—	—	—
Retention cysts	—	—	—	—	—	—	—	—	—	—
Sebaceous cysts	3	—	2	1	—	—	—	—	3	2
Other innocent tumours.....	2	5	3	4	—	—	—	—	7	1
G.—CONSTITUTIONAL DISEASES.										
Rickets	—	—	—	—	—	—	—	—	—	—
Gout	7	1	1	7	—	—	—	—	8	5
Arthritis deformans	34	36	2	48	8	4	3	5	70	19
Diabetes mellitus	36	56	1	62	6	2	8	13	92	29
Diseases of pituitary—										
Acromegaly	—	3	—	1	1	—	—	1	3	3
Infantilism	—	—	—	—	—	—	—	—	—	—
Diabetes insipidus	—	—	—	—	—	—	—	—	—	—
Scurvy	2	—	—	1	—	—	—	1	2	—
Diseases of suprarenal—										
Addison's disease	—	1	—	—	1	—	—	—	1	—
Diseases of thyroid—										
Exophthalmic goitre.....	2	20	5	12	—	—	1	4	22	3
Hyperthyroidism	2	9	1	6	2	—	—	2	11	3
Myxoedema	—	4	—	2	—	—	1	1	4	6
Adenoma and cyst	—	6	2	3	1	—	—	—	6	2
Diseases of spleen—										
Banti's disease	1	—	—	1	—	—	—	—	1	2
Splenic Anaemia	2	—	—	2	—	—	—	—	2	—
Ovarian insufficiency, menopausal disturbance	—	—	—	—	—	—	—	—	—	—
Diseases of the Parathyroid Glands	—	1	—	1	—	—	—	—	1	—

GROUP 1.—GENERAL DISEASES—*continued.*

	Male.	Female.	Cured.	Relieved	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
H.—BLOOD DISEASES.										
Anaemia—	—	—	—	—	—	—	—	—	—	1
Aplastic	8	6	—	6	1	—	5	2	14	—
Pernicious	2	6	—	4	—	—	2	2	8	16
Secondary	—	—	—	—	—	—	—	—	—	—
Chlorosis	—	—	—	—	—	—	—	—	—	—
Polycythaemia	—	—	—	—	—	—	—	—	—	—
Hodgkin's Disease	11	1	—	4	2	3	2	1	12	—
Leukaemia—	—	—	—	—	—	—	—	—	—	—
Myeloid	5	1	—	—	2	—	4	—	6	—
Lymphatic	2	—	—	—	—	—	2	—	2	—
Purpura (haemorrhagia, &c.)	—	1	—	—	—	—	1	—	1	—
Haemophilia	1	—	—	1	—	—	—	—	1	—
Toxaemia	—	—	—	—	—	—	—	—	—	11
I.—INTOXICATIONS.										
Alcoholism—	—	—	—	—	—	—	—	—	—	—
Acute	53	8	3	50	1	6	—	1	61	34
Chronic	32	3	3	25	5	—	2	—	35	15
Chronic lead poisoning	3	—	—	3	—	—	—	—	3	—
Arsenical poisoning	1	2	—	1	1	—	1	—	3	—
Mercurial poisoning	—	—	—	—	—	—	—	—	—	—
Morphia habit	1	1	—	2	—	—	—	—	2	—
Ptomaine poisoning	—	—	—	—	—	—	—	—	—	—
Total.....	860	653	78	810	328	50	144	103	1513	340

GROUP 2.—NERVOUS SYSTEM.

TABLE III.										
CENTRAL NERVOUS SYSTEM.										
A.—DIFFUSE DISEASES.										
Pachymeningitis	1	2	—	—	—	1	2	—	3	8
Leptomeningitis	—	—	—	—	—	—	—	—	—	1
Disseminated sclerosis	2	2	—	1	3	—	—	—	4	—
B.—SYSTEM DISEASES.										
Tabes dorsalis	10	2	—	3	7	—	1	1	12	1
Tabo-paresis	—	—	—	—	—	—	—	—	—	—
General paralysis	3	—	—	—	1	2	—	—	3	3
Friedreich's ataxia	—	—	—	—	—	—	—	—	—	—
Progressive muscular atrophy	—	—	—	—	—	—	—	—	—	—
Hemiplegia (paralysis of unspecified cause)	2	4	—	2	2	—	1	1	6	23
Muscular dystrophy	—	—	—	—	—	—	—	—	—	—
Subacute combined degeneration	1	—	—	—	—	—	—	1	1	3
C.—DIFFUSE AND FOCAL DISEASES OF SPINAL CORD.										
Caisson disease	—	—	—	—	—	—	—	—	—	—
Compression of cord	—	—	—	—	—	—	—	—	—	—
Myelitis	1	—	—	—	—	1	—	—	1	—
Syringomyelia	1	—	—	—	1	—	—	—	1	—
Benign tumor of spinal cord	—	—	—	—	—	—	—	—	—	—
D.—DISEASES OF BRAIN.										
Cerebral abscess	—	1	—	—	—	1	—	—	1	7
Cerebral anaemia, oedema, hyperaemia	—	—	—	—	—	—	—	—	—	1
Cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—
Meningo-encephalitis	—	—	—	—	—	—	—	—	—	—
Cerebral haemorrhage	10	6	—	4	1	—	6	5	16	42
Cerebral thrombosis and embolism	14	8	—	8	2	—	12	—	22	6
Cerebral tumour	12	11	—	5	3	3	10	2	23	1
Paralysis of unspecified cause	—	—	—	—	—	—	—	—	—	2
E.—DISEASES OF NERVES.										
Intercostal neuralgia	2	1	2	1	—	—	—	—	3	—
Localised neuritis	3	4	—	7	—	—	—	—	7	2
Sciatica	5	4	—	8	—	—	—	1	9	5
Multiple peripheral neuritis	5	3	1	4	1	2	—	—	8	7
Trigeminal neuralgia	4	4	1	4	3	—	—	—	8	1
Facial paralysis	1	—	—	1	—	—	—	—	1	3
Herpes zoster	4	1	—	5	—	—	—	—	5	2
Neuroma	—	—	—	—	—	—	—	—	—	—
Neurofibromatosis (von Recklinghausen's)	—	—	—	—	—	—	—	—	—	—
Lesions of individual peripheral nerves	1	—	—	—	—	—	—	1	1	—

GROUP 2.—NERVOUS SYSTEM—*continued.*

F.—GENERAL AND FUNCTIONAL DISEASES.	Male	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
Musculo-spiral paralysis	1	—	—	1	—	—	—	—	1	—
Chorea.....	4	6	1	7	—	—	1	1	10	—
Headache	—	—	—	—	—	—	—	—	—	—
Epilepsy	24	18	—	23	15	2	1	1	42	7
Convulsions (Epileptiform).....	2	1	—	3	—	—	—	—	3	1
Jacksonian epilepsy	—	1	—	—	1	—	—	—	1	1
Hysteria	15	28	1	33	7	—	1	1	43	8
Mental alienation	31	28	2	11	34	9	—	3	59	38
Migrane.....	—	3	—	3	—	—	—	—	3	—
Neurasthenia	14	40	2	39	13	—	—	—	54	19
Paralysis agitans	1	1	—	2	—	—	—	—	2	3
Tic and spasms	—	—	—	—	—	—	—	—	—	—
Neurosis	5	3	1	2	5	—	—	—	8	3
Tetany.....	—	1	—	1	—	—	—	—	1	1
Aphasia	1	—	1	—	—	—	—	—	1	1
G.—VASOMOTOR AND TROPHIC DISORDERS.										
Angioneurotic oedema	—	—	—	—	—	—	—	—	—	—
Raynaud's disease.....	—	—	—	—	—	—	—	—	—	—
Scleroderma	—	—	—	—	—	—	—	—	—	—
Pink disease	—	—	—	—	—	—	—	—	—	—
Erthromelalgia	—	—	—	—	—	—	—	—	—	—
DISEASES OF THE EYE.										
A.—DISEASES OF CONJUNCTIVA.										
Conjunctivitis, follicular and catarrhal .	11	7	2	14	—	2	—	—	18	9
Trachoma	27	18	—	38	1	—	—	6	45	2
Subconjunctival hæmorrhage (non-traumatic)	—	—	—	—	—	—	—	—	—	—
Pterygium	7	7	5	9	—	—	—	—	14	—
Benign new growth.....	1	1	2	—	—	—	—	—	2	—
B.—DISEASES OF CORNEA AND SCLERA.										
Corneal ulcer	15	5	6	12	—	1	—	1	20	15
Keratitis (non-syphilitic)	—	1	—	—	—	—	—	1	1	1
Hypopyon	—	3	1	1	1	—	—	—	3	1
Opacities (leucoma, &c.)	1	—	—	1	—	—	—	—	1	3
Pannus	—	—	—	—	—	—	—	—	—	2
Staphyloma	—	1	—	1	—	—	—	—	1	1
Scleritis and episcleritis	—	—	—	—	—	—	—	—	—	—
Hyphaema	3	1	1	3	—	—	—	—	4	5
C.—DISEASES OF LACHRYMAL APPARATUS.										
Dacryocystitis	3	13	7	7	2	—	—	—	16	3
Stenosis of lacrimal duct	—	—	—	—	—	—	—	—	—	—
Lacrimal fistula	—	—	—	—	—	—	—	—	—	—
D.—DISEASES OF THE LENS.										
Cataract—										
Senile	27	16	4	30	4	3	—	2	43	2
Congenital	3	1	—	2	2	—	—	—	4	—
Traumatic	11	—	—	8	2	—	—	1	11	13
Secondary.....	—	—	—	—	—	—	—	—	—	—
Dislocation of lens	1	—	—	1	—	—	—	—	1	1
Aphakia	—	—	—	—	—	—	—	—	—	—
E.—DISEASES OF THE LIDS.										
Chalazion	—	3	—	3	—	—	—	—	3	—
Ectropion	5	1	1	3	—	1	—	1	6	—
Entropion	1	1	—	2	—	—	—	—	2	9
Symblepharon	—	—	—	—	—	—	—	—	—	—
Trichiasis	1	—	—	1	—	—	—	—	1	3
Hordeolum	—	—	—	—	—	—	—	—	—	—
Ptoxis	—	1	—	1	—	—	—	—	1	—
Abscess of lid	—	—	—	—	—	—	—	—	—	1
Meibomian cyst	—	2	2	—	—	—	—	—	2	—
Blepharospasm	—	—	—	—	—	—	—	—	—	—

GROUP 2.—NERVOUS SYSTEM—*continued.*

DISEASES OF THE EYE.— <i>continued.</i>	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
F.—MUSCLES AND NERVES.										
Ophthalmoplegia.....	—	—	—	—	—	—	—	—	—	—
Strabismus	4	13	5	11	1	—	—	—	17	1
Nystagmus	—	1	—	1	—	—	—	—	1	—
Refractive errors	—	—	—	—	—	—	—	—	—	2
G.—OPTIC NERVE AND RETINA.										
Toxic amblyopia	—	—	—	—	—	—	—	—	—	—
Optic atrophy	—	—	—	—	—	—	—	—	—	1
Optic neuritis.....	—	—	—	—	—	—	—	—	—	3
Chronic retrobulbar neuritis	2	—	—	2	—	—	—	—	2	—
Detached retina.....	3	1	—	2	2	—	—	—	4	1
Retinal haemorrhage	1	—	—	—	—	1	—	—	1	—
Retinitis	—	—	—	—	—	—	—	—	—	11
H.—DISEASES OF THE UVEAL TRACT.										
Choroiditis	—	—	—	—	—	—	—	—	—	—
Iritis	23	5	5	20	—	—	—	3	28	7
Iridocyclitis	—	1	1	—	—	—	—	—	1	1
Sympathetic ophthalmia	—	—	—	—	—	—	—	—	—	—
Synechiae	—	—	—	—	—	—	—	—	—	3
I.—DISEASES OF VITREOUS.										
Vitreous haemorrhage	1	—	—	1	—	—	—	—	1	1
Vitreous opacities	—	—	—	—	—	—	—	—	—	—
J.—OTHER DISEASES OF THE EYE.										
Glaucoma acute	12	10	—	18	2	—	—	2	22	5
Glaucoma chronic	9	4	1	11	1	—	—	—	13	2
Orbital cellulitis.....	—	—	—	—	—	—	—	—	—	—
Panophthalmitis	—	1	—	1	—	—	—	—	1	—
Foreign body in eye—										
On conjunctiva	—	—	—	—	—	—	—	—	—	—
In cornea	6	1	1	5	—	—	—	1	7	—
Without globe	2	1	—	3	—	—	—	—	3	1
Innocent tumour of eye.....	1	—	1	—	—	—	—	—	1	—
DISEASES OF THE EAR.										
A.—DISEASES OF THE EXTERNAL EAR.										
Haematoma auris	—	—	—	—	—	—	—	—	—	—
Impacted cerumen	—	—	—	—	—	—	—	—	—	—
Foreign body in ear	—	—	—	—	—	—	—	—	—	1
Otitis externa diffusa	12	12	4	20	—	—	—	—	24	19
Benign tumours.....	1	—	—	1	—	—	—	—	1	—
B.—DISEASES OF MEMBRANA, MIDDLE EAR, AND MASTOID.										
Perforation of membrana tympani	—	1	—	—	1	—	—	—	1	—
Polypi of middle and external ear	2	3	—	4	—	—	—	1	5	4
Otitis media, acute	23	19	7	30	1	—	1	3	42	16
Otitis media, chronic	16	3	—	14	3	—	2	—	19	5
Mastoiditis, acute	12	7	3	12	—	—	1	3	19	10
Mastoiditis, chronic	5	10	—	13	1	—	1	—	15	3
Sinus of mastoid	—	—	—	—	—	—	—	—	—	—
Otosclerosis	—	—	—	—	—	—	—	—	—	—
Eustachian tube affections	—	—	—	—	—	—	—	—	—	—
C.—DISEASES OF INNER EAR AND AUDITORY NERVE.										
Meniere's disease	—	—	—	—	—	—	—	—	—	—
Disorders of hearing	—	—	—	—	—	—	—	—	—	—
Otitis interna	1	1	—	2	—	—	—	—	2	—
Total.....	433	359	71	486	123	28	41	43	792	366

GROUP 3.—DISEASES OF THE CIRCULATORY SYSTEM.
(Excluding rheumatoid affections except old organic lesions.)

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—DISEASES OF PERICARDIUM.										
Pericarditis.....	3	2	—	3	—	—	2	—	5	11
B.—DISEASES OF ENDOCARDIUM.										
Endocarditis—										
Subacute bacterial	2	2	—	—	2	—	2	—	4	—
Malignant	1	1	—	—	—	—	1	1	2	1
Endocarditis, simple	3	6	—	3	—	—	6	—	9	5
C.—DISEASES OF VALVES.										
Aortic lesions	13	3	—	9	2	—	5	—	16	18
Mitral lesions	19	13	—	18	7	1	6	—	32	28
Mitral and aortic lesions	—	—	—	—	—	—	—	—	—	—
Other valvular lesions	1	—	—	1	—	—	—	—	1	—
D.—DISEASES OF MYOCARDIUM										
Dilatation, hypertrophy of heart	—	—	—	—	—	—	—	—	—	1
Degeneration of heart	—	—	—	—	—	—	—	—	—	—
Myocarditis—										
Acute	5	—	—	2	—	—	1	2	5	3
Chronic	1	—	—	—	—	—	—	1	1	1
E.—FUNCTIONAL DISEASES.										
Heart failure	73	34	1	54	3	1	36	12	107	187
Angina pectoris	3	2	—	3	—	—	2	—	5	3
Auricular fibrillation.....	26	20	—	32	3	1	9	1	46	23
Bradycardia and tachycardia	—	1	—	—	1	—	—	—	1	—
Heart block	1	—	—	1	—	—	—	—	1	—
Syncope	6	5	1	9	1	—	—	—	11	1
F.—DISEASES OF ARTERIES.										
Aortitis	2	1	—	1	—	—	2	—	3	—
Aneurysm of great vessels	7	1	—	1	3	—	4	—	8	8
Aneurysm of other vessels and varieties	—	1	1	—	—	—	—	—	1	1
Arteriosclerosis	4	3	—	3	—	—	4	—	7	4
Hyperpiesia	33	42	—	34	9	2	27	3	75	43
Obliteratus endarteritis	2	1	—	2	1	—	—	—	3	—
Others	3	1	—	3	—	—	1	—	4	2
G.—THROMBOSIS AND EMBOLISM (excluding cerebral, pulmonary, or puerperal thrombosis).										
Thrombosis	6	4	—	8	—	1	1	—	10	9
Embolism	1	1	—	—	1	—	1	—	2	2
H.—DISEASES OF VEINS.										
Varicose veins	4	8	2	8	2	—	—	—	12	—
Varicose ulcers.....	10	21	4	21	2	1	—	3	31	8
Varicocele	9	—	4	4	1	—	—	—	9	4
Haemorrhoids	29	14	26	15	1	—	—	1	43	7
Phlebitis	1	2	—	3	—	—	—	—	3	1
I.—DISEASES OF LYMPHATICS.										
Adenitis simple	7	2	4	4	—	1	—	—	9	13
Adenitis suppurative.....	3	3	2	4	—	—	—	—	6	2
Climatic bubo	2	—	—	2	—	—	—	—	2	—
Lymphangitis	2	—	—	1	—	1	—	—	2	5
J.—HAEMORRHAGES (excluding haemoptysis, haematemesis, cerebral, intestinal, uterine, traumatic haemorrhages, &c.).										
Epistaxis	7	3	3	7	—	—	—	—	10	5
Haemorrhage from gums	3	2	2	3	—	—	—	—	5	1
Other haemorrhages	5	8	4	8	1	—	—	—	13	20
Total.....	297	207	54	267	40	9	110	24	504	417

GROUP 4.—DISEASES OF RESPIRATORY SYSTEM.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—DISEASES OF NOSE.										
Adenoid vegetations	1	5	—	6	—	—	—	—	6	1
Enlarged tonsils and adenoids	48	49	32	65	—	—	—	—	97	2
Coryza	1	3	2	2	—	—	—	—	4	—
Nasopharyngeal polypi	—	4	—	4	—	—	—	—	4	5
Rhinitis	2	1	1	2	—	—	—	—	3	2
Turbinal affections	3	1	1	2	—	—	—	1	4	1
Deflected septum	30	11	12	27	2	—	—	—	41	32
Perforated septum	—	—	—	—	—	—	—	—	—	—
Foreign body in nose	—	—	—	—	—	—	—	—	—	—
Septal Abscess	2	—	—	2	—	—	—	—	2	—
B.—DISEASES OF ACCESSORY SINUSES.										
Ethmoiditis	1	—	—	1	—	—	—	—	1	1
Frontal sinusitis	9	4	1	8	1	—	1	2	13	2
Maxillary sinusitis—										
Acute	34	43	2	67	2	1	—	5	77	19
Chronic	14	25	—	36	3	—	—	—	39	7
Suppurative	—	—	—	—	—	—	—	—	—	—
Multiple sinusitis	—	—	—	—	—	—	—	—	—	—
Sphenoid sinusitis	2	—	—	2	—	—	—	—	2	1
Pan sinusitis	3	3	—	5	1	—	—	—	6	1
C.—DISEASES OF LARYNX.										
Laryngitis	2	3	—	3	1	—	1	—	5	1
Paralysis of vocal cord	—	—	—	—	—	—	—	—	—	—
Polypus of larynx	—	—	—	—	—	—	—	—	—	—
Benign growth of larynx	—	—	—	—	—	—	—	—	—	—
Hysterical aphonia	—	—	—	—	—	—	—	—	—	—
D.—DISEASES OF BRONCHI AND TRACHEA.										
Bronchitis and tracheitis, acute	29	29	11	35	—	—	7	5	58	21
Bronchitis, chronic	35	14	3	37	4	1	4	—	49	32
Bronchiectasis	3	3	—	5	—	—	1	—	6	3
Foreign body in bronchus	—	—	—	—	—	—	—	—	—	—
Respiratory catarrh	78	56	58	66	1	—	—	9	134	5
Broncho oesophageal fistula	—	—	—	—	—	—	—	—	—	—
E.—DISEASES OF THE LUNGS.										
Broncho-pneumonia	39	30	11	33	1	—	21	3	69	75
Lobar pneumonia	120	63	61	62	2	—	44	14	183	134
Interstitial pneumonia	—	—	—	—	—	—	—	—	—	—
Hypostatic pneumonia	4	3	—	3	—	—	4	—	7	45
Pulmonary embolism and infarct	—	1	—	1	—	—	—	—	1	9
Septic pneumonia	—	—	—	—	—	—	—	—	—	—
Abscess of lung	1	2	1	—	—	—	2	—	3	1
Gangrene of lung	—	—	—	—	—	—	—	—	—	1
Collapse of lung	—	—	—	—	—	—	—	—	—	1
Emphysema	6	—	—	3	1	—	2	—	6	2
Asthma	23	9	—	26	1	—	4	1	32	23
Fibrosis of lung (pneumonoconiosis and silicosis, &c.)	6	4	—	6	2	—	2	—	10	9
Haemoptysis (? cause)	—	1	—	1	—	—	—	—	1	19
Acute pulmonary oedema	—	—	—	—	—	—	—	—	—	13
F.—DISEASES OF PLEURA.										
Pleurisy, acute, with effusion	22	4	3	15	—	—	2	6	26	35
Pleurisy, acute, without effusion	41	17	8	39	2	1	—	8	58	29
Pleurisy, chronic	—	—	—	—	—	—	—	—	—	—
Empyema	16	3	1	10	1	—	1	6	19	17
Pneumothorax	1	12	—	4	4	5	—	—	13	2
Hydrothorax	—	—	—	—	—	—	—	—	—	7
Pyopneumothorax	1	—	—	1	—	—	—	—	1	2
Total.....	577	403	208	579	29	8	96	60	980	460

GROUP 5.—DISEASES OF THE DIGESTIVE SYSTEM.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
A.—DISEASES OF THE MOUTH.										
Alveolar abscess	2	4	1	5	—	—	—	—	6	4
Epulis	1	—	—	1	—	—	—	—	1	—
Dentigerous cyst	1	2	—	3	—	—	—	—	3	1
Diseases of gums	1	—	—	—	—	—	1	—	1	2
Diseases of teeth	—	1	—	1	—	—	—	—	1	—
Stomatitis.....	3	—	1	2	—	—	—	—	3	—
Glossitis—										
Acute	—	—	—	—	—	—	—	—	—	—
Chronic	—	—	—	—	—	—	—	—	—	—
Other diseases of tongue	—	—	—	—	—	—	—	—	—	—
Ranula	—	—	—	—	—	—	—	—	—	—
Ulcer of cheek	—	—	—	—	—	—	—	—	—	—
B.—DISEASES OF SALIVARY GLANDS.										
Salivary calculi	—	—	—	—	—	—	—	—	—	—
Salivary fistula	—	—	—	—	—	—	—	—	—	—
Diseases of sub-maxillary	—	—	—	—	—	—	—	—	—	—
Diseases of parotid	1	—	1	—	—	—	—	—	1	2
C.—DISEASES OF PHARYNX.										
Retropharyngeal abscess	—	—	—	—	—	—	—	—	—	—
Ludwig's angina	1	—	—	1	—	—	—	—	1	—
Foreign body in pharynx.....	1	—	—	1	—	—	—	—	1	—
Tonsillitis.....	70	121	86	95	4	2	—	4	191	19
Enlarged tonsils	37	39	26	48	2	—	—	—	76	4
Peritonsillar abscess	8	2	—	9	—	1	—	—	10	3
Pharyngitis	10	2	3	9	—	—	—	—	12	3
D.—DISEASES OF OESOPHAGUS.										
Foreign body in oesophagus	4	4	3	3	1	1	—	—	8	—
Stenosis and spasm of oesophagus	1	4	—	5	—	—	—	—	5	—
E.—DISEASES OF STOMACH.										
Gastric ulcer—										
Treated medically	59	23	7	55	11	1	3	5	82	4
Treated surgically	—	—	—	—	—	—	—	—	—	1
Dilatation of stomach	—	—	—	—	—	—	—	—	—	—
Foreign body in stomach	—	—	—	—	—	—	—	—	—	—
Gastritis—										
Acute	22	14	6	24	4	1	—	1	36	4
Chronic	—	—	—	—	—	—	—	—	—	—
Abnormalities of shape and position of stomach	—	—	—	—	—	—	—	—	—	—
Neurosis of stomach	6	3	1	7	1	—	—	—	9	1
Pyloric stenosis	2	—	—	2	—	—	—	—	2	2
Haematemesis, gastrotaxis	4	2	—	3	—	—	—	3	6	27
Hyperchlorhydrin, hypochlorhydrate	5	2	—	7	—	—	—	—	7	10
F.—DISEASES OF THE INTESTINES.										
Duodenal ulcer—										
Treated medically	62	12	3	58	6	—	3	4	74	5
Treated surgically	—	—	—	—	—	—	—	—	—	—
Diarrhoea and enteritis (over two years)	33	12	12	30	—	—	3	—	45	5
Intestinal colic	8	2	1	7	1	1	—	—	10	1
Colitis	9	7	—	12	2	—	—	2	16	2
Intestinal parasites	2	1	—	3	—	—	—	—	3	3
Appendicitis, acute	119	116	162	57	—	—	1	15	235	8
Appendicitis, chronic	79	105	120	59	4	1	—	—	184	24
Appendicitis, with abscess.....	29	10	24	9	1	—	3	2	39	—
Appendicitis, ruptured with G.P.	4	4	4	—	—	—	4	—	8	—

GROUP 5.—DISEASES OF THE DIGESTIVE SYSTEM—*continued.*

	Male	Female.	Cured.	Relieved	Unrelieved.	Other Causes.	Died	Remaining Dec. 31st.	Total.	Concurrent Disease.
DISEASES OF THE INTESTINES—<i>continued.</i>										
Hernia—										
Inguinal	138	11	94	48	3	2	1	1	149	8
Inguinal, strangulated	11	3	2	5	—	—	6	1	14	—
Femoral	2	6	5	2	1	—	—	—	8	—
Femoral, strangulated	1	3	4	—	—	—	—	—	4	—
Umbilical	6	3	3	3	3	—	—	—	9	—
Umbilical, strangulated	—	—	—	—	—	—	—	—	—	—
Ventral	3	10	7	6	—	—	—	—	13	5
Ventral, strangulated	—	3	1	2	—	—	—	—	3	—
Other herniae	4	2	3	1	1	—	—	1	6	—
Intestinal obstruction—										
Intussusception	1	—	1	—	—	—	—	—	1	—
Volvulus	1	—	—	1	—	—	—	—	1	—
Other forms of obstruction	4	9	1	5	—	—	4	3	13	14
Foreign body in intestine	1	2	1	2	—	—	—	—	3	—
Intestinal perforation	—	—	—	—	—	—	—	—	—	—
Faecal impaction, constipation	10	6	4	12	—	—	—	—	16	9
Visceroptosis	1	4	1	3	1	—	—	—	5	4
Malaena	2	1	—	3	—	—	—	—	3	6
 G.—DISEASES OF RECTUM AND ANUS.										
Abscess, ischio-rectal and perirectal	27	13	8	26	—	—	—	6	40	5
Fissure in ano	2	5	4	3	—	—	—	—	7	4
Fistula in ano	15	5	5	12	2	1	—	—	20	5
Fistula, recto-vaginal	—	—	—	—	—	—	—	—	—	2
Other faecal fistulae	—	4	3	1	—	—	—	—	4	4
Foreign body in rectum	—	—	—	—	—	—	—	—	—	—
Proctitis	—	1	—	1	—	—	—	—	1	—
Papilloma of rectum	1	—	—	1	—	—	—	—	1	—
Prolapse of rectum and anus	1	—	1	—	—	—	—	—	1	3
Stricture of rectum	1	—	—	1	—	—	—	—	1	—
Diverticulitis	9	3	—	8	3	—	1	—	12	4
Other diseases of rectum and anus	1	—	—	1	—	—	—	—	1	—
 H.—DISEASES OF LIVER AND GALL BLADDER.										
Acute yellow atrophy	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	9	4	—	5	1	—	7	—	13	6
Degenerations of liver	—	—	—	—	—	—	—	—	—	—
Cholelethiasis	20	75	37	42	4	—	10	2	95	11
Biliary colic	—	—	—	—	—	—	—	—	—	—
Cholecystitis	17	28	12	23	2	1	3	4	45	27
Cholangitis	4	1	—	4	—	—	1	—	5	2
Abscess of liver	—	—	—	—	—	—	—	—	—	1
Pylephlebitis (portal pyaemia)	—	—	—	—	—	—	—	—	—	2
Jaundice, acute catarrhal	10	7	5	9	—	—	—	3	17	4
Perihepatitis	—	—	—	—	—	—	—	—	—	—
Biliary fistulae	—	1	—	—	1	—	—	—	1	2
Benign tumours	—	—	—	—	—	—	—	—	—	2
Other diseases of liver and gall bladder .	—	1	—	1	—	—	—	—	1	4
 I.—DISEASES OF PERITONEUM. (Except gynaecological.)										
Peritonitis, general	3	1	—	1	—	—	3	—	4	21
Peritonitis, localised	1	2	1	1	1	—	—	—	3	3
Peritoneal adhesions	5	13	6	9	3	—	—	—	18	7
Abscess of abdomen (subphrenic)	1	—	1	—	—	—	2	—	1	3
Ascites	—	—	—	—	—	—	—	—	—	5
 J.—DISEASES OF PANCREAS.										
Acute pancreatitis	1	—	—	—	—	—	1	—	1	3
Total.....	897	719	670	759	63	12	55	57	1,616	311

GROUP 6—NON-VEREREAL DISEASES OF THE GENITO-URINARY SYSTEM
AND ADHEXA. (Excluding tuberculosis, cancer, congenital mal-
formations, venereal and puerperal diseases and recent traumatism).

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total	Concurrent Disease.
A.—DISEASES OF KIDNEYS AND URETERS.										
Nephritis, acute and subacute	11	7	2	12	—	—	1	3	18	8
Chronic nephritis.....	50	34	—	35	12	1	35	1	84	17
Uraemia	1	—	—	—	—	—	1	—	1	40
Albuminuria.....	2	1	—	1	2	—	—	—	3	1
Perinephritic abscess and adhesions	2	—	1	1	—	—	—	—	2	2
Nephroptosis	1	3	1	2	1	—	—	—	4	—
Hydro-and pyo-nephrosis	8	4	3	5	1	—	3	—	12	10
Pyelitis and Pyelonephritis	15	49	8	50	3	—	1	2	64	44
Abnormalities of urine—										
Haematuria	9	3	—	6	5	—	—	1	12	6
Oxaluria	—	—	—	—	—	—	—	—	—	—
Bacilluria	—	—	—	—	—	—	—	—	—	2
Renal glycosuria	—	—	—	—	—	—	—	—	—	—
Calculi of urinary passages—										
Renal calculus	24	8	6	15	8	2	—	1	32	3
Ureteral calculus	5	2	3	2	1	1	—	—	7	1
Vesical calculus.....	8	—	5	3	—	—	—	—	8	4
Urethral calculus.....	—	—	—	—	—	—	—	—	—	—
Prostatic calculus	2	—	1	1	—	—	—	—	2	—
Renal colic	8	3	—	11	—	—	—	—	11	—
Stricture of ureter	1	1	2	—	—	—	—	—	2	—
B.—DISEASES OF THE BLADDER.										
Cystitis—										
Acute	9	9	2	10	4	—	2	—	18	39
Chronic	2	2	—	4	—	—	—	—	4	10
Foreign body in bladder	—	—	—	—	—	—	—	—	—	—
Ulcer of bladder, simple.....	4	—	—	2	1	1	—	—	4	—
Neurosis of bladder (dysuria, incontinence, spasm)	5	1	—	5	—	—	—	1	6	—
Retention of urine	5	2	1	3	1	—	—	2	7	51
Rupture of bladder (non-traumatic)	—	—	—	—	—	—	—	—	—	—
Innocent tumour of bladder	3	1	1	1	1	—	1	—	4	—
Diverticulum of bladder	—	—	—	—	—	—	—	—	—	2
C.—DISEASES OF THE URETHRA.										
Urethritis (non-gonorrhoeal)	1	—	—	1	—	—	—	—	1	2
Periurethral abscess	5	—	1	4	—	—	—	—	5	2
Abscess of Cowper's gland	—	—	—	—	—	—	—	—	—	—
Urethral caruncle	—	6	3	3	—	—	—	—	6	5
Foreign body in urethra	2	—	—	1	—	—	—	1	2	—
Urethral stricture	33	1	2	28	2	—	2	—	34	7
Rupture of urethra, extravasation of urine (non-traumatic)	—	1	—	1	—	—	—	—	1	6
D.—URINARY FISTULAE.										
Rectovesical	—	—	—	—	—	—	—	—	—	—
Vesicovaginal	—	2	—	—	2	—	—	—	2	1
Urethral	3	—	1	1	—	—	1	—	3	1
Other urinary fistulae.....	3	—	1	1	—	—	1	—	3	6
E.—DISEASES OF THE PROSTATE (NON-VEREREAL).										
Prostatic abscess	2	—	—	2	—	—	—	—	2	—
Prostatic hypertrophy	53	—	15	16	3	—	14	5	53	8
Prostatitis, acute and chronic.....	2	—	—	2	—	—	—	—	2	—

GROUP 6—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM
AND ADHEXA—continued.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
F.—DISEASES OF THE MALE GENITAL ORGANS (NON-VENEREAL).										
Hydrocele	20	—	13	6	1	—	—	—	20	10
Haematocele	—	—	—	—	—	—	—	—	—	1
Orchitis and epididymitis	8	—	—	7	—	—	—	1	8	6
Paraphimosis	3	—	1	2	—	—	—	—	3	1
Innocent tumours of testicle	4	—	2	2	—	—	—	—	4	1
Testicular Neuralgia	—	—	—	—	—	—	—	—	—	—
Others	1	—	1	—	—	—	—	—	1	2
G.—GYNAECOLOGICAL.										
<i>Uterus—</i>										
Metrorrhagia, Menorrhagia	—	28	1	20	2	2	—	3	28	6
Benign tumours of uterus (fibroids)..	—	39	23	7	1	—	3	5	39	4
Polypus	—	8	4	4	—	—	—	—	8	3
Displacements of uterus—										
Prolapsus uteri	—	37	16	17	1	—	1	2	37	10
Retrodisplacements	—	128	57	60	8	—	—	3	128	73
Other displacements	—	5	1	4	—	—	—	—	5	—
Fibrosis uteri	—	19	13	6	—	—	—	—	19	4
Endocervicitis	—	21	7	13	1	—	—	—	21	19
Endometritis (non-puerperal)	—	23	7	15	1	—	—	—	23	12
Menstrual disorders (dysmenorrhoea, menopause)	—	14	2	12	—	—	—	—	14	2
Metritis (subinvolution)	—	9	4	3	2	—	—	—	9	1
<i>Tubes, Ovaries, and Ligaments—</i>										
Displacement of ovary	—	1	—	—	1	—	—	—	1	—
Tumours and cysts, benign	—	42	19	14	3	—	4	2	42	58
Tubo-ovarian abscess	—	21	11	9	—	—	—	1	21	5
Oophoritis	—	25	12	12	1	—	—	—	25	4
Sclerosis of ovary (fibrosis)	—	—	—	—	—	—	—	—	—	—
Salpingitis (non-gonorrhoeal)—										
Acute	—	58	12	40	1	1	1	3	58	13
Chronic	—	40	12	24	—	2	1	1	40	7
Purulent (pyosalpinx)	—	7	3	4	—	—	—	—	7	1
Hydrosalpinx and haematosalpinx ...	—	5	4	1	—	—	—	—	5	1
<i>Pelvic Peritoneum and Fascia—</i>										
Pelvic adhesions	—	9	3	5	—	—	—	1	9	10
Perimetritis (pelvic peritonitis)	—	7	5	2	—	—	—	—	7	7
Parametritis (pelvic cellulitis and abscess)	—	15	7	8	—	—	—	—	15	8
<i>Vagina and Vulva—</i>										
Abscess of vulva (Bartholin's)	—	3	1	1	1	—	—	—	3	1
Pruritus vulvae	—	1	—	—	1	—	—	—	1	3
Vaginismus	—	—	—	—	—	—	—	—	—	—
Benign tumours and cysts	—	3	2	—	1	—	—	—	3	—
Cystocele, rectocele	—	34	23	11	—	—	—	—	34	27
Foreign bodies in vagina	—	—	—	—	—	—	—	—	—	—
Vaginitis	—	3	—	3	—	—	—	—	3	—
Vulvovaginitis	—	1	—	1	—	—	—	—	1	—
Vulvitis	—	—	—	—	—	—	—	—	—	2
H.—DISEASES OF THE BREAST (NON-PUERPERAL).										
<i>Mastitis—</i>										
Acute	—	4	1	2	—	—	—	1	4	1
Chronic	4	1	3	1	—	1	—	—	5	—
Suppurative abscess (non-puerperal) .	—	—	—	—	—	—	—	—	—	—
Tumours and cysts, benign	—	5	4	1	—	—	—	—	5	—
Total	319	756	333	546	73	11	72	40	1,075	592

GROUP 7.—PUERPERAL CONDITIONS.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease.
Normal pregnancy	—	35	3	15	16	1	—	—	35	21
Normal labor	—	—	—	—	—	—	—	—	—	—
Abnormal labor—										
Premature	—	1	—	1	—	—	—	—	1	1
Child in abnormal position	—	—	—	—	—	—	—	—	—	—
Abortion—										
Threatened	—	24	6	18	—	—	—	—	24	3
Inevitable	—	9	5	4	—	—	—	—	9	1
Incomplete	—	310	215	90	—	—	1	4	310	9
Septic	—	25	13	7	—	—	5	—	25	—
Extra-uterine gestation—										
Tubal abortion	—	4	2	2	—	—	—	—	4	2
Ruptured	—	27	19	7	—	—	1	—	27	—
Unruptured	—	4	3	—	—	1	—	—	4	1
Eclampsia—										
Ante-partum	—	—	—	—	—	—	—	—	—	—
Post-partum	—	—	—	—	—	—	—	—	—	—
Hyperemesis gravidarum	—	9	2	6	—	—	—	1	9	—
Hydatidiform mole	—	3	2	—	—	—	1	—	3	—
Albuminuria of pregnancy	—	4	3	1	—	—	—	—	4	—
Pyelitis with pregnancy	—	12	2	9	—	—	—	1	12	—
Ante-partum haemorrhage	—	—	—	—	—	—	—	—	—	—
Placenta praevia	—	1	—	1	—	—	—	—	1	—
Post-partum haemorrhage	—	—	—	—	—	—	—	—	—	—
Subinvolution of uterus	—	8	2	5	—	1	—	—	8	5
Laceration of cervix—										
Recent	—	—	—	—	—	—	—	—	—	—
Old	—	21	11	6	1	—	1	2	21	18
Laceration of perineum and vagina—										
Recent	—	—	—	—	—	—	—	—	—	—
Old	—	8	3	2	2	1	—	—	8	—
Puerperal sapraemia	—	—	—	—	—	—	—	—	—	—
Puerperal septicaemia	—	22	10	5	—	—	5	2	22	6
Puerperal diseases of breast (abscess) ...	—	5	2	3	—	—	—	—	5	—
Puerperal thrombosis	—	1	1	—	—	—	—	—	1	—
Other puerperal conditions	—	3	1	1	1	—	—	—	3	1
Total.....	—	536	305	183	20	4	14	10	536	71

GROUP 8.—DISEASES OF THE SKIN AND CELLULAR TISSUES

Gangrene	3	1	1	2	—	—	1	—	4	18
Furuncle	13	12	7	18	—	—	—	—	25	7
Carbuncle	15	9	4	16	—	—	3	1	24	6
Abscesses	32	11	13	27	1	1	1	—	43	30
Cellulitis	82	36	30	78	—	1	4	5	118	—
Dermatitis	11	5	1	11	—	1	1	2	16	2
Eczema	15	8	1	20	—	—	1	1	23	1
Cheiropompholyx	1	—	—	1	—	—	—	—	1	—
Erythema	2	6	—	8	—	—	—	—	8	—
Keloid	—	—	—	—	—	—	—	—	—	—
Nail affections—										
Ingrowing nail	9	3	4	7	1	—	—	—	12	—
Whitlow	6	5	1	10	—	—	—	—	11	4
Others	1	—	—	—	—	—	1	—	1	1
Psoriasis	10	10	3	16	—	—	—	1	20	—
Sinuses	8	3	2	7	2	—	—	—	11	9
Drug Rash	1	1	—	1	—	—	—	1	2	—
Seborrhoea	—	2	—	2	—	—	—	—	2	—
Ulcers (non-varicose)	14	10	5	13	—	3	1	2	24	6
Impetigo	5	2	—	4	—	—	—	3	7	2
Pemphigus	—	—	—	—	—	—	—	—	—	—
Pediculosis	1	—	1	—	—	—	—	—	1	—
Hyperkeratosis	—	1	—	1	—	—	—	—	1	1
Sycosis barbae	3	—	1	1	1	—	—	—	3	—
Scabies	—	—	—	—	—	—	—	—	—	—
Urticaria	3	3	1	5	—	—	—	—	6	5
Pustular dermatitis	1	—	—	1	—	—	—	—	1	—
Lichen planus	—	—	—	—	—	—	—	—	—	—
Leucoderma	—	—	—	—	—	—	—	—	—	—
Bed Sores	—	—	—	—	—	—	—	—	—	11
Pityriasis rosea	—	1	1	—	—	—	—	—	1	1
Other skin diseases	—	1	—	1	—	—	—	—	1	—
Total.....	236	130	76	250	5	6	13	16	366	102

GROUP 9.—DISEASES OF ORGANS OF LOCOMOTION.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died.	Remaining Dec. 31st.	Total.	Concurrent Disease
A.—DISEASES OF BONE.										
Benign tumours of bone	—	—	—	—	—	—	—	—	—	—
Epiphysitis	1	—	—	1	—	—	—	—	1	1
Osteomyelitis	13	12	1	15	3	3	1	2	25	4
Caries and necrosis of bone	7	2	2	7	—	—	—	—	9	5
Periostitis	7	2	1	7	—	—	1	—	9	—
Exostosis	1	2	2	1	—	—	—	—	3	—
Osteitis deformans	4	3	—	5	1	—	—	1	7	1
Metatarsalgia	2	—	—	2	—	—	—	—	2	—
Osteochondritis-Juvenalis (Perthe's Disease)	1	—	—	1	—	—	—	—	1	—
B.—DISEASES OF JOINTS.										
Baker's Cyst	1	—	—	—	—	—	—	1	1	—
Instability of joint	—	—	—	—	—	—	—	—	—	—
Ankylosis	5	—	1	4	—	—	—	—	5	2
Arthralgia and coccygodynia	—	—	—	—	—	—	—	—	—	—
Arthritis	3	12	1	8	—	2	—	4	15	2
Synovitis	7	1	—	8	—	—	—	—	8	4
Loose bodies in joint	—	1	—	—	1	—	—	—	1	—
Pyarthrosis	—	—	—	—	—	—	—	—	—	1
Charcot's disease	—	—	—	—	—	—	—	—	—	1
Dislocated semilunar cartilage	12	1	1	11	1	—	—	—	13	—
Hypertrophic pulmonary arthropathy ..	—	—	—	—	—	—	—	—	—	—
C.—DISEASES OF MUSCLES.										
Myasthenia gravis	1	—	—	—	1	—	—	—	1	—
Myalgia (lumbago)	4	2	—	6	—	—	—	—	6	1
Myositis, fibrositis	24	10	4	24	4	—	—	2	34	5
D.—DISEASES OF THE TENDONS, &C.										
Bursitis	9	4	4	9	—	—	—	—	13	1
Ganglion	1	1	1	1	—	—	—	—	2	—
Teno-synovitis	1	—	1	—	—	—	—	—	1	—
Bunion	—	2	—	2	—	—	—	—	2	—
Perichondritis	1	—	—	—	—	1	—	—	1	—
E.—DEFORMITIES.										
Torticollis	—	1	—	1	—	—	—	—	1	1
Scoliosis	1	—	—	1	—	—	—	—	1	1
Kyphosis	2	—	—	—	1	1	—	—	2	—
Lordosis	—	—	—	—	—	—	—	—	—	—
Dupuytren's contracture	2	1	—	2	—	1	—	—	3	—
Contraction after burns, &c.	—	—	—	—	—	—	—	—	—	—
Contracted pelvis	—	2	1	1	—	—	—	—	2	2
Coxa vara	—	—	—	—	—	—	—	—	—	—
Genu valgum	1	—	—	1	—	—	—	—	1	—
Genu varum	—	—	—	—	—	—	—	—	—	—
Hallux valgus	2	4	2	3	—	—	—	1	6	1
Hammer toe	3	1	1	2	—	—	—	1	4	—
Flat foot	1	—	—	1	—	—	—	—	1	—
Claw foot	1	2	1	1	—	1	—	—	3	1
Contracted tendon	1	—	—	1	—	—	—	—	1	—
Post operative deformities	—	—	—	—	—	—	—	—	—	—
Facial deformity (from injuries, &c.)....	2	2	—	3	—	1	—	—	4	—
Total	121	68	24	129	12	10	2	12	189	37

GROUP 10.—CONGENITAL MALFORMATIONS.

	Male.	Female.	Cured.	Relieved.	Unrelieved.	Other Causes.	Died	Remaining Dec. 31st.	Total.	Concurrent Disease.
Hydrocephalus	—	1	—	—	—	—	—	—	1	—
Meningocele	—	—	—	—	—	—	—	—	—	—
Spina bifida	—	—	—	—	—	—	—	—	—	1
Congenital fistulae and cysts	3	2	4	1	—	—	—	—	5	1
Naevus	—	—	—	—	—	—	—	—	—	—
Oesophageal diverticulum	—	—	—	—	—	—	—	—	—	—
Meckel's diverticulum	—	—	—	—	—	—	—	—	—	—
Vaginal malformation	—	2	1	1	—	—	—	—	2	—
Achondroplasia	—	—	—	—	—	—	—	—	—	—
Osteomalacia	—	—	—	—	—	—	—	—	—	—
Hypespadias	2	—	—	—	1	—	—	1	2	—
Epispadias	—	—	—	—	—	—	—	—	—	—
Phimosis	22	—	15	6	—	—	—	1	22	9
Undescended testicle	3	—	1	2	—	—	—	—	3	1
Horseshoe kidney	—	—	—	—	—	—	—	—	—	—
Ectopia vesicae	—	—	—	—	—	—	—	—	—	—
Polycystic kidney	—	2	—	1	—	—	1	—	2	—
Renal dwarfism	—	—	—	—	—	—	—	—	—	—
Infantile uterus	—	3	1	2	—	—	—	—	3	—
Uterus pubescens	—	—	—	—	—	—	—	—	—	—
Double cervix	—	—	—	—	—	—	—	—	—	—
Uterus didelphys	—	—	—	—	—	—	—	—	—	1
Stenosis and hypertrophy of cervix	—	1	—	1	—	—	—	—	1	—
Cardiac congenital anomalies	—	—	—	—	—	—	—	—	—	—
Cervical rib	—	—	—	—	—	—	—	—	—	—
Harelip	—	—	—	—	—	—	—	—	—	—
Cleft palate	—	—	—	—	—	—	—	—	—	—
Harelip and cleft palate	1	—	—	1	—	—	—	—	1	—
Congenital dislocations	—	—	—	—	—	—	—	—	—	1
Talipes equinus	2	—	—	2	—	—	—	—	2	—
Talipes equinovarus	1	—	—	1	—	—	—	—	1	2
Congenital Diverticulum	—	—	—	—	—	—	—	—	—	1
Syndactylism, polydactylism	1	1	1	1	—	—	—	—	2	—
Facial deformities	2	3	—	5	—	—	—	—	5	—
Total	37	15	23	24	1	—	2	2	52	17

GROUP 11.—DISEASES OF EARLY INFANCY AND OLD AGE.

Children born in hospital, not ill	3	4	—	—	1	6	—	—	7	—
Prematurity	1	1	—	—	—	—	2	—	2	1
Other diseases of infancy	—	—	—	—	—	—	—	—	—	—
Senility	17	10	—	6	14	2	4	1	27	8
Malnutrition and neglect	—	—	—	—	—	—	—	—	—	5
Total	21	15	—	6	15	8	6	1	36	14

GROUP 12.—ILL-DEFINED DISEASES.

Malingering ..	3	—	—	1	2	—	—	—	3	2
Admitted for X-ray examination	47	53	—	3	59	38	—	—	100	—
No disease	25	26	1	12	30	7	—	1	51	2
Admitted for observation	5	5	—	3	2	2	—	3	10	—
Shock, collapse	5	2	2	4	—	—	1	—	7	39
Asthenia	7	9	1	14	1	—	—	—	16	3
Anaphylaxis	1	1	—	2	—	—	—	—	2	—
Shock, post-operative	—	—	—	—	—	—	—	—	—	—
Pyrexia of uncertain origin	2	7	1	5	—	2	—	1	9	2
Pain (? cause)	19	22	4	19	14	4	—	—	41	2
Others	1	2	1	1	1	—	—	—	3	—
For insertion of radium	5	3	—	1	3	4	—	—	8	6
Application of plaster	—	—	—	—	—	—	—	—	—	—
Obesity	1	—	—	—	1	—	—	—	1	—
Acidosis	—	—	—	—	—	—	—	—	—	1
For B.C.C. injection	1	—	—	—	1	—	—	—	1	—
Total	122	130	10	65	114	57	1	5	252	57

GROUP 13.—AFFECTIONS DUE TO EXTERNAL CAUSES.

[illegible]

GROUP 13.—AFFECTIONS DUE TO EXTERNAL CAUSES—*continued*

	Male.	Female	Cured.	Relieved.	Unrelieved.	Other Causes.	Died	Remaining Dec. 31st.	Total.	Concurrent Disease.
<i>Injuries to spine and back</i>	12	1	1	8	—	—	2	2	13	3
<i>Injuries to tendons, muscles, and bursae</i> ..	25	4	5	23	1	—	—	—	29	13
<i>Injuries to vessels and nerves</i>	2	—	—	1	—	—	—	1	2	1
I.—INJURIES TO JOINTS.										
<i>Dislocations—</i>										
Metatarsal	2	—	1	1	—	—	—	—	2	2
Shoulder	4	4	3	5	—	—	—	—	8	1
Elbow	3	1	—	—	4	—	—	—	4	—
Clavicle	4	—	—	4	—	—	—	—	4	2
Metacarpal	1	—	—	1	—	—	—	—	1	—
Hip	3	—	1	2	—	—	—	—	3	3
Knee	2	—	—	1	1	—	—	—	2	—
Ankle	—	1	—	1	—	—	—	—	1	2
Spine	2	—	—	1	—	—	1	—	2	—
Jaw	—	2	—	2	—	—	—	—	2	—
Finger	—	1	1	—	—	—	—	—	1	—
Sprains and contusions of joints	22	1	2	20	—	1	—	—	23	11
Fracture-dislocations	2	3	1	4	—	—	—	—	5	1
J.—INJURIES TO BONES.										
<i>Fracture, Simple—</i>										
Metacarpal, carpal, or phalanges of hand	7	—	—	7	—	—	—	—	7	7
Clavicle	7	—	2	4	—	1	—	—	7	10
Facial bones and jaw	19	4	4	14	2	1	—	2	23	9
Femur	42	18	7	26	6	1	7	13	60	5
Humerus	26	5	2	26	—	1	1	1	31	1
Patella	6	—	1	4	—	—	—	1	6	2
Fibula	28	3	7	23	—	—	—	1	31	4
Pelvis	7	—	4	2	—	—	1	—	7	7
Radius	3	1	1	3	—	—	—	—	4	6
Ribs and costal cartilages	22	2	—	18	—	—	6	—	24	11
Scapula	1	—	—	1	—	—	—	—	1	2
Skull	76	16	11	42	2	1	33	3	92	12
Radius and ulna	5	1	—	5	—	1	—	—	6	2
Sternum	—	—	—	—	—	—	—	—	—	—
Tarsal, metatarsal, or phalanges of foot	10	1	1	9	—	—	—	1	11	8
Tibia and fibula	59	14	8	55	1	1	1	7	73	10
Tibia	24	8	4	23	—	1	—	4	32	7
Ulna	4	2	—	6	—	—	—	—	6	1
Vertebrae	15	2	2	7	—	1	4	3	17	2
<i>Fracture, Compound—</i>										
Phalanx	2	—	—	2	—	—	—	—	2	—
Tibia	—	1	—	1	—	—	—	—	1	—
Skull	2	—	—	—	—	1	1	—	2	—
Tibia and fibula	16	1	—	12	—	—	—	5	17	—
Humerus	4	1	1	2	—	—	—	2	5	—
Os calcis	—	—	—	—	—	—	—	—	—	—
Femur	4	—	—	2	—	—	1	1	4	1
Fibula	1	—	—	1	—	—	—	—	1	—
Radius and ulna	3	—	—	1	—	—	2	—	3	—
Facial bones and jaw	1	—	—	—	—	—	1	—	1	—
Vicious malunion	3	—	1	2	—	—	—	—	3	—
Ununited fractures	6	3	—	8	1	—	—	—	9	—
Separation of epiphysis	5	—	—	4	—	1	—	—	5	1
K.—OTHER EXTERNAL VIOLENCE.										
Foreign body in soft parts (state locality)	6	5	5	5	—	—	—	1	11	1
<i>Infected wounds—</i>										
Hands	—	—	—	—	—	—	—	—	—	—
Arm	—	—	—	—	—	—	—	—	—	—
Thigh	—	—	—	—	—	—	—	—	—	—
Drowning (accidental)	—	—	—	—	—	—	—	—	—	—
Total	1,004	202	189	811	22	26	96	62	1,206	291
Grand Total	4,924	4,193	2,041	4,915	845	229	652	435	9,117	3075

APPENDIX No. 4.

OPERATIONS.—1928.

OPERATIONS ON BLOOD VESSELS.

Ligature of arteries	4
Excision of varicose veins	11
Excision of varicocele	7
Blood transfusion	15

OPERATIONS ON MUSCLES, BURSAE, TENDONS, AND NERVES.

Tenotomy	8
Suturing tendons	24
Excision of bursa	4
Ganglion	8
Tendon transplantation	1
Excision of gasserian ganglion	1
Nerve anastomosis	1
Suturing tendons	1
Resection of nerve	2

OPERATIONS ON BONES.

(a) Skull—	
Elevation of depressed fracture	8
Exploratory trephine	10
Unilateral subtemporal decompression	8
Ventriculography: drainage of ventricles	—
Drainage of cerebral abscess	2
(b) Spine—	
Laminectomy	—
(c) Fractures—	
Reduction and setting of fractures (by manipulation only, under G.A.)	15
Reduction of fracture and dislocation	2
Wiring of fracture	25
Plating of fracture	6
Removing of plates and wires	—
Suturing patella	—
Removal of callus	—
Correction of malunited fractures (ostecolasis)	—
Freshening ends of ununited fracture.. . . .	—
Cleaning and setting compound fractures	13
(d) Amputations and excisions—	
Amputation of toes	3
“ foot	11
“ leg	10
“ thigh	—
“ fingers	16
“ hand	2
“ forearm	1
“ upper arm	1
“ stump	—
Astragelectomy	—
Tarsectomy	—
Excision of metatarsal bone	1

OPERATIONS ON BONES—*continued.*

Incision of periosteum	3
Drainage of medulla	7
Sequestrectomy	15
Ostectomy	9
Excising and curetting sinuses	2
Other excisions	1
Aspiration of T.B. abscess due to bone diseases	13
Removal of bony spurs	2
Curetting of bone	3
Excision of osteophytes	1

OPERATIONS ON JOINTS.

Reduction of dislocation (by manipulation)	1
Reduction by dislocation (by open operation)	3
Arthrotomy	5
Arthrectomy	2
Arthrodesis	—
Moving stiff joints	4
Excision of semilunar cartilage	13
Correction of hallux valgus: bunion	—
Correction of hammertoe	3
Removal of loose bodies	1
Arthroplasty	2
Exploration of tuberculous sinus	1
Aspirating joint	3

OPERATIONS ON GLANDULAR SYSTEM.

Excision of gland (diagnostic)	7
Excision of glands (therapeutic) (specify)	26
Incision for suppuration	—
Partial thyroidectomy	22
Removal of thyroid adenoma or cyst	3

OPERATIONS ON ALIMENTARY SYSTEM.

Mouth, tongue, lips, etc.—	
Extraction of teeth	1
Excision of lip (partial or complete)	6
Excision of lip and glands	10
Partial or complete excision of tongue	—
Partial or complete excision of tongue and glands	3
Excision of jaw (lower) and glands of neck	2
Excision of jaw (upper)	1
Closing salivary fistula	—
Oesophagoscopy	8
Removal of foreign body from oesophagus	2
Incision or excision of ranula	2
Removal of dentigerous cyst or epulis	7
Repair of cleft palate	1
Stomach and intestines—	
Gastrectomy	2
Gastrostomy	2
Gastroenterostomy	41
Closing perforated peptic ulcer	17
Excision of peptic ulcer	2
Exploratory laparotomy	73
Freeing abdominal adhesions	3

OPERATIONS ON ALIMENTARY SYSTEM—*continued.*

Stomach and Intestines—

Paracentesis abdominis	1
Closure of intestinal perforation	—
Colostomy	14
Enterectomy	10
Enterostomy	4
Entero anastomosis	2
Appendectomy	436
Appendectomy with drainage	56
Drainage of appendical abscess	4
Drainage of subphrenic	2
Drainage of other abdominal abscess	19
Caecostomy	1
Relief intestinal obstruction	7
Repair of faecal fistula	1

Hernia—

Inguinal hernia. Radical cure	142
Inguinal hernia. Strangulated	5
Femoral hernia. Radical	5
Femoral strangulated	2
Ventral hernia. Radical cure	15
Ventral hernia. Strangulated	3
Incisional hernia	1
Umbilical hernia	7

Liver gall bladder, spleen, pancreas—

Incision and drainage hepatic abscess	3
Hydatid cyst	1
Repair ruptured liver	2
Cholecystostomy	23
Cholecystectomy	76
Cholecystenterostomy	2
Linectomy	1
Repair of ruptured spleen	—
Choledochostomy	1

Rectum and anus—

Haemorrhoids. Radical cure	38
Fistula in ano. Excision	16
Dilutation of stricture	—
Ischiorectal abscess. Incision and drainage	29
Excision of papilloma rectum	1
Excision of rectum	1
Sigmoidoscopy	12
Proctoscopy	6
Fissure in ano	6
Repair of prolapse of rectum	1

OPERATIONS ON URINARY SYSTEM.

Kidney—

Exploration of kidney	5
Nephrectomy	24
Draining perinephric abscess	2
Removal of stone from kidney	4
Cystoscopy	146
Suprapubic cystotomy	24
Perineal prostatectomy	1
Vesical calculus. Lithotomy	5
Calculus. Lithotrity	—

OPERATIONS ON URINARY SYSTEM—*continued.*

Kidney—

Passing bladder sound or catheter	14
Internal urethrotomy	6
External urethrotomy	7
Excision of urethral stricture	5
Excision of urinary fistula	8
Incision of prostatic and periurethral abscess	3
Nephropexy	1
Transplantation of ureters	2
Excision of urethral caruncle	9
Removal of foreign body from bladder	1
Application of diathermy to bladder	2
Supra-pubic prostatectomy	36
Removal of vesical tumour	3
Removal of stone from ureter	4
Lavage of renal pelvis	5

OPERATIONS ON MALE GENITAL ORGANS.

Incision of prepuce	3
Circumcision	39
Reduction	—
Paraphimosis	1
Radical cure undescended testicle	3
Radical cure of hydrocele	19
Amputation of penis	1
Epididymectomy	1
Orchidectomy	1

GYNÆCOLOGICAL OPERATIONS.

Vulva—

Incision of Bartholin's abscess	3
Excision of cysts and new growths	8
Perineorrhaphy	91

Vaginal—

Ant. Colporrhaphy	44
Post colporrhaphy	1
Plastic for fistulae	—
Post colpotomy	109
Insertion of pessary	2

Uterus—

Dilatation of cervix	9
Curettage	579
Trachelorrhaphy	50
Myomectomy	5
Subtotal hysterectomy	45
Total hysterectomy	35
Wertheim's op.	1
Removal of polyp	5
Cauterisation of new growth	—
Suturing perforated uterus	—
Shortening of round ligts.	144
Ventrosuspension	8
Ventrofixation	9
Amputation of cervix	9
Fothergill's operation	5

GYNÆCOLOGICAL OPERATIONS—*continued.*

Ovary and tubes—	
Excision of ovarian cyst	64
Oophorectomy	32
Salpingectomy	71
Salpingoophorectomy	47
Vaginal examination (under G.A.)	17
Salpingostomy	7
Induction of labor	—
Caesarean section	6
Partial resection of ovary	7
Freeing of pelvic adhesions	20
Repair of rupturerectopic gestation	5
Craniotomy	1

OPERATIONS ON THE BREAST.

Incision of abscess	8
Excision of tumour	9
Amputation of breast	13
Amputation of breast with glands	6

OPERATIONS OF THE THORAX.

Thoracotomy—Drainage	24
Hydatid	7
Thoraco—Plasty	6

OPERATIONS ON THE EYE.

Excision of tumours	13
Plastic operations on lids	33
Removal of pterygium	40
Incision and drainage of dacryocystitis	3
Removal of tearsac	16
Tenotomy	11
Tenotomy with advancement	8
Advancement	—
Tarsectomy	16
Enucleation of globe	22
Evisceration	5
Extraction of lens	32
Needling of lens	25
Peritomy	1
Iridectomy	17
Removal of foreign body	14
Trephine	15
Posterior sclerotomy	11
Tattooing leucoma	—
Keratotomy	6

OPERATIONS ON EAR, NOSE, AND THROAT.

Removal of aural polyp	11
Paracentesis tympani	8
Operations on mastoid antrum—	
Palliative	26
Radical	14
Operations on maxillary antrum—	
Palliative	82
Radical.. .. .	32

OPERATIONS ON EAR, NOSE, AND THROAT—*continued.*

Operations on sphenoidal, ethmoidal, and frontal sinuses ..	8
Excision of turbinal bone	8
Resection of nasal septum	78
Removal of nasal polyp	27
Tonsillectomy	186
Tonsillectomy and adenoidectomy	122
Adenoidectomy	5
Laryngotomy	3
Removal of papilloma of larynx	1
Removal of F.B. from air passages	3
Tracheotomy	2
Bronchoscopy	2

GENERAL.

Plastic operations on ear, lips, cheek	6
Plastic operations on jaw, palate, nose	4
Skin grafts	10
Other plastic operations	24
Removal of superficial tumours and rodent ulcer	80
Incision of abscess and cellulitis	64
Removal of F.B. from soft parts	33
Excision of sinus and scar tissue	13
Excision and suture of wound	85
Burying radium at operation	49
Application of plasters, etc.	5
Snipping for microscopic-examination	17
Canterization	27

Grand total	4,732
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X-RAY DEPARTMENT.

Honorary Radiologist .. DR. H. C. NOTT.

Radiographer MR. C. H. MARSHALL.

The work demanded of the X-ray Department continues to increase, as indicated by the number of films used, as follows:—
15 x 12, 4,088; 12 x 10, 4,371; 10 x 8, 3,616; 8½ x 6½, 1,617; 6½ x 4½, 3; dentals, 105; total 13,800.

The number of examinations carried out was as follows:—Opaque meals, 379; opaque enemata, 84; urinary tracts, 304; chests, 973; cholecystographs, 122; miscellaneous, 3,251; total, 5,113.

Patients treated with X-rays.....	151
Treatments given	769
Patients treated with Radium	153
Treatments given	351

MESSAGE DEPARTMENT.

Senior Masseuse MISS E. M. ASHTON.

The number of patients treated were:—	1927.	1928.
In-patients	316	209
Out-patients	388	362
Total	704	571
Average number of patients each day.....	36	31
The actual number of treatments given.....	11,205	9,719
Patients under treatment in Hospital, December 31st, 1928 (17 in and 50 out)	—	67
Cases treated were as follows:—		
Fractures	327	264
Loss of muscular tone	28	33
Sprains and injuries	124	103
Paralysis	53	34
Rheumatism	123	100
Neuritis	32	19
Various	17	13
Synovitis	—	5
	704	571

ELECTRICAL AND RADIANT HEAT.

The number of patients treated were:—	1927.	1928.
In-patients	78	53
Out-patients	171	152
Treatments given.....	3,388	3,250
Daily average	11	10
Separate cases treated were:—		
Reactions tested	35	36
Paralysis	54	50
Neuritis.....	28	21
Fractures	15	16
Injuries.....	32	16
Rheumatism.....	94	78
Muscular weakness	11	18
Synovitis	4	—
Various	11	6
Patients under treatment in Hospital, December 31st, 1928 — In-patients, 4 ; Out-patients, 27	—	31

APPENDIX No. 5.
LIFE CONTRIBUTIONS.

1870.		£	s.	d.
<i>Advertiser</i> Companionship, Waymouth Street.....		20	0	0
1872.				
Rounsevell, W. B., Grenfell Street		20	0	0
1874.				
Waterhouse, J., Executors of		100	0	0
1875.				
Maclean, Donald, Prospect Hall		20	0	0
1877.				
Port Adelaide Working Men's Association		52	10	0
1878.				
Port Adelaide Working Men's Association		26	5	0
South Australian Football Association		20	0	0
1879.				
Clark, William, Angaston		20	0	0
Port Adelaide Working Men's Association		26	5	0
1880.				
Port Adelaide Working Men's Association		25	0	0
Thorngate, William, Trustees of (care Hon. C. C. Kingston)		30	0	0
1881.				
Port Adelaide Working Men's Association		25	0	0
Wooldridge, A. M., Currie Street.....		20	10	0
1882.				
Hales Bros., Currie Street		20	0	0
Samuel J. Jacobs, of Jacobs, Chas., & Sons, Currie Street		20	0	0
Rounsevell, Hon. W. B., Grenfell Street		30	0	0
1883.				
d'Arcy-Varna, Constance Emblyn		20	0	0
1885.				
Simpson, A., & Son, Gawler Place		100	0	0
1888.				
Weidenhofer, J. H.		20	0	0
Wm. Burford, of Burford, W. H., & Sons		100	0	0
1890.				
Barker, Alfred James		20	0	0
Stock, W. F. (executors of the late H. L. Vosz)		20	0	0
1892.				
Waterhouse, L.		200	0	0
S.A. Jockey Club.....		20	0	0
1894.				
Wm. Pile (S.A. Jockey Club)		20	0	0
1895.				
T. F. Wigley (S.A. Jockey Club)		20	0	0

Life Contributions—continued.

1897.			
	£	s.	d.
H. Dodds (Central Broken Hill S.M. Coy., in liquidation) ..	50	0	0
W. Brindal (Australian Natives' Association)	21	0	0
1902.			
W. Clark	25	0	0
L. G. Robinson	25	0	0
W. C. A. Lodge (S.A.R. Hospital Fund)	21	0	0
J. P. Thomas (S.A.R. Hospital Fund)	21	0	0
G. W. Ward (S.A.R. Hospital Fund)	21	0	0
1903.			
T. French (S.A.R. Hospital Fund)	20	0	0
1904.			
W. C. Williams (S.A.R. Hospital Fund)	26	10	6
W. Davies (S.A.R. Hospital Fund)	26	10	6
P. Worth (Worth Bros.)	20	0	0
1905.			
H. Wyatt (S.A.R. Hospital Fund)	21	9	4
G. D. Clarke (S.A.R. Hospital Fund)	21	9	4
J. Dunn (S.A.R. Hospital Fund)	21	9	4
1906.			
J. W. Spurr (S.A.R. Hospital Fund)	28	17	6
S. Crowley (S.A.R. Hospital Fund)	28	17	6
1907.			
D. W. Fisher (S.A.R. Hospital Fund)	22	9	6
W. J. Ross (S.A.R. Hospital Fund)	22	9	6
W. H. Carpenter (S.A.R. Hospital Fund)	22	9	6
S. James (S.A.R. Hospital Fund)	22	9	6
1908.			
Barker, John (S.A. Jockey Club)	20	0	0
Ware, A. W. (Tattersall's Racing Club)	21	0	0
Cruikshank, R. (Port Adelaide Racing Club)	20	0	0
Slavin, E. W. (S.A.R. Hospital Fund)	21	9	0
Stanley, M. J. (S.A.R. Hospital Fund)	21	9	0
Phillips, C. (S.A.R. Hospital Fund)	21	9	0
Kempton, W. (S.A.R. Hospital Fund)	21	9	0
1909.			
Goudie, Peter (Port Adelaide Racing Club)	20	0	0
Gun, T. R. (Port Adelaide Racing Club)	20	0	0
Lewis, Harry (Port Adelaide Racing Club)	20	0	0
1911.			
Howie, R. E. (Port Adelaide Racing Club)	20	0	0
Brown, John Norton	20	0	0
"M.A.M."	20	0	0
1912.			
Benson, Dr. A. V. (Port Adelaide Racing Club)	20	0	0
Sobels, T. O. (Port Adelaide Racing Club)	20	0	0
1913.			
Cutten, A. C. (Port Adelaide Racing Club)	20	0	0
Hills, Miss Annie R.	20	0	0
1914.			
Pullman, S. J. (Port Adelaide Racing Club)	20	0	0
1918.			
Walkley, Helen May	25	0	0

Life Contributions—continued.

	1919.	£	s.	d.
Lynch, Dr. A. F. A. (Port Adelaide Racing Club)	20	0	0	
	1920.			
Waller, T. J. (Port Adelaide Racing Club)	20	0	0	
Slade, H. (Port Adelaide Racing Club)	20	0	0	
	1921.			
Pullman, S. J. (Port Adelaide Racing Club)	20	0	0	
Heseltine, S. R., jun. (Adelaide Racing Club)	20	0	0	
	1922.			
Pullman, S. J. (Port Adelaide Racing Club)	20	0	0	
	1923.			
Adelaide Electric Supply Co., Ltd.	20	0	0	
Le Leu, F.	20	0	0	
Perry Engineering Co., Ltd.	20	0	0	
Wallaroo-Mt. Lyell Fertilizer Co., Ltd.	20	0	0	
	1925.			
Morris, H. A. (chairman S.A. Tattersall's Club Incorptd.)	20	0	0	
	1926.			
Flannagan, P. J. (Chairman S.A. Tattersall's Club, Incorp.)	20	0	0	
Adelaide Development Company	20	0	0	
Kidman, Sir Sidney	20	0	0	
Adelaide Electric Supply Co, Ltd., ..	20	0	0	
	1927.			
Chairman (Adelaide Racing Club)	20	0	0	
Adelaide Electric Supply Co. Ltd.	21	0	0	
Duncan & Fraser, Ltd. (Mr. A. W. Duncan)	20	0	0	
	1928.			
Simpson, A. A.	100	0	0	

CONTRIBUTIONS PAID TO THE COMMISSIONERS OF
CHARITABLE FUNDS DURING THE YEAR 1928.

	£	s.	d.
Adelaide Wine and Spirit Co., Ltd.	1	1	0
Amateur Turf Club	2	0	0
Australian Commonwealth Line of Steamers	0	8	0
Australian Meat Industry Employees' Union	1	1	0
Beetson, A. O.	1	0	0
Berlei Ltd.	50	0	0
Burt, R.	0	10	0
Corpe, H. R.	1	1	0
Distillers Agency Ltd.	1	1	0
District Councils of—			
Mobilong	1	1	0
Nairne	1	1	0
Port Wakefield	1	1	0
Yatala North	1	1	0
Duke of Orange Lodge	0	10	0
Football Charity Carnival Committee	1,500	0	0
Fricker, R., & Co., Ltd.	1	2	1
Gadsen, J., Pty., Ltd.	1	1	0
Good, Toms & Co.	1	1	0
Hawker, E. W.	5	0	0
Higgins, H.	1	0	0
Hospital boxes, sundry donations	4	14	6

Contributions Paid to Commissioners of Charitable Funds, Etc.—continued.

	£	s.	d.
McKay, C.....	1	3	0
MacRobertson, Mr. (Melbourne)	150	0	0
Melbourne Steamship Co.....	1	1	0
O'Brien, J.	0	10	0
Peacock, I. C. M.	1	1	0
Robertson, D.	1	1	0
Rymill, S.	1	1	0
S.A. Tattersall's Club	1	1	0
Solomons, N., & Co.	1	1	0
Spicers & Detmold	1	1	0
Torrens Park Lodge	1	1	0
Trustees, Thorngate's Estate.....	30	0	0
Young, F. A.	0	16	0

CONTRIBUTIONS RECEIVED DURING 1928.

	£	s.	d.
Aborigines Department	10	10	0
Abotomey, A., & Sons	3	3	0
Adelaide Bottle Co-op. Co., Ltd.	5	0	0
Adelaide Fruit & Produce Co. Ltd.	2	0	0
Adelaide Motors Ltd.	2	2	0
Adelaide Rope & Nail Co. Ltd.	2	0	0
Amicol Sick & Accident Fund	10	0	0
Adelaide Chemical & Fertiliser Co., Ltd.	2	2	0
Adelaide Co-operative Society, Ltd.	2	2	0
Adelaide Democratic Club	5	5	0
Adelaide Electric Tramways Club	10	0	0
Adelaide Hebrew Congregation	5	5	0
Adelaide Jewish Ladies' Society	2	2	0
Adelaide Milling Coy., Ltd.	5	5	0
Adelaide Potteries Ltd.	2	2	0
Adelaide Racing Club, £10, £5, £5, £10	30	0	0
Adelaide Steamship Co., Ltd.	10	10	0
Alaska Ice Cream Coy., Ltd.	2	2	0
Amateur Turf Club	3	0	0
Army & Navy Stores Ltd.	2	0	0
Australian Postal Electrician Union, S.A. Branch	2	2	0
Australian United Paint Co., Ltd.	2	0	0
Babidge, R., & Sons	5	0	0
Badman, J. & G. W.	2	2	0
Balfour, Wauchope Ltd.	2	0	0
Bank of Australasia	5	5	0
Bank, Commercial, of Australia, Ltd.	3	3	0
Bank, English, Scottish, and Australian, Ltd.	5	5	0
Bank, National, of Australasia, Ltd.	5	5	0
Bank of Victoria, Ltd.	3	3	0
Buffaloes Grand Lodge	20	0	0
Burke, T. M. Pty. Ltd.	2	2	0
Burns, Philps & Co.	6	6	0
Bickford, A. M., & Sons, Ltd.	2	2	0
Birks, Charles, & Co.	2	2	0
Bowman, Keith D.	5	5	0
Cash and Carry Ltd.	2	2	0

Contributions Received during 1928—continued.

	£	s.	d.
Chandler, C. J., & Co.	2	2	0
Clarkson Ltd.	2	0	0
Clutterbuck Bros.	2	2	0
Cogan, A. J. H.	2	0	0
Colonial Sugar Refining Coy., Ltd.	10	10	0
Colton, Palmer, & Preston Ltd.	2	2	0
Central Agency Ltd.	4	0	0
Central Provision Stores	2	0	0
Cook, Thos. & Son	2	0	0
Cooper & Sons, Ltd.	5	0	0
Corporation of—			
Gawler	2	2	0
Goolwa	2	2	0
Unley	5	5	0
Cowell Bros. & Coy., Ltd.	2	2	0
Craven, J., & Co., Ltd.	5	5	0
Crooks & Brooker, Ltd.	2	0	0
Crosby, Mann, & Coy., Ltd.	2	0	0
Cyclone Fence & Gate Co. Pty., Ltd.	2	2	0
Dalgety & Co., Ltd.	5	5	0
Darling, J., & Son	2	2	0
District Council of—			
Aldinga	2	2	0
Angaston	2	2	0
Bremer	2	2	0
Brinkley	2	2	0
Caurnamont	2	2	0
Clarendon	2	2	0
East Torrens	2	2	0
Kadina	2	2	0
Kingscote	2	2	0
Kondoparinga	2	0	0
Mannum	2	2	0
Meningie	2	2	0
Mount Crawford	2	2	0
Munno Para West	2	2	0
Ninnes	2	2	0
Onkaparinga	2	2	0
Port Gawler	2	2	0
Saddleworth	2	2	0
Springton	2	2	0
Stirling	2	2	0
Tungkillo	2	2	0
Yankalilla	2	2	0
Yorke Peninsula	2	2	0
Daw, Edwin	2	2	0
Dunstan, John, & Son Ltd.	2	0	0
Druids Grand Lodge	2	2	0
Eastern Extension, Aust. and China Telegraph Co. Ltd.	5	5	0
Edment's Cash Stores	7	0	0
Elder, Smith & Co. Ltd.	10	10	0
Ellis Caterers, Ltd.	5	0	0

Contributions Received during 1928—continued.

	£	s.	d.
Eudunda Farmers' Co-op. Society Ltd.	2	2	0
Ezywurk Manufacturing Co.	2	2	0
Faulding, F. H. & Co., Ltd.	2	2	0
Fire Brigades Board	10	10	0
Flannagan, W. H.	2	0	0
Ford Motor Co. of Australia Pty., Ltd.	10	10	0
Forwood, Down & Co., Ltd.	2	2	0
Foy & Gibson Pty., Ltd.	10	10	0
Furness Ltd.	2	0	0
Galligan, John, & Co.	2	2	0
Glyde, Evelyn	3	0	0
Gall, Miss H.	2	0	0
Gawler Jockey Club	3	3	0
Gerard & Goodman, Ltd.	2	2	0
Globe Timber Mills Coy.	2	2	0
Goldsbrough, Mort, & Co., Ltd.	5	5	0
Goode, Durrant & Co., Ltd.	2	2	0
Gordon & Gotch, Aust., Ltd.	2	2	0
Government Printing Office Association	2	2	0
Grand Lodge of Freemasons	5	5	0
Grave, W. A. W.	2	2	0
Greater Wondergraph Co., Ltd.	2	0	0
Greenland, C. H.	2	2	0
Griffiths Bros. Pty., Ltd.	2	2	0
Gunnersen, Le Messurier, Ltd.	2	0	0
Gurner & McArthur	2	0	0
Hall, G., & Sons	2	2	0
Hardy, Thomas & Sons Ltd.	2	0	0
Holden's Motor Body Builders Ltd.	10	0	0
Holmes & Coe Ltd.	2	2	0
Hooper's Furnishing Arcade	3	3	0
Howard Smith Ltd.	5	5	0
Hume Pipe Co. (Australia), Ltd.	2	2	0
Income Tax Compiler Co., Ltd.	2	2	0
International Harvester Coy. of Australia Pty. Ltd. . .	2	2	0
Islington Division Locomotive and Carriage Works Sick and Accident Fund	2	0	0
Jesuit Society	2	2	0
Knapman, W., & Son, Ltd.	2	2	0
Kodak (Australia) Pty., Ltd.	3	3	0
Landseer, A. H., Ltd.	2	2	0
Laundries, Ltd.	2	2	0
Lawton, J. A., & Sons	2	2	0
Lever Bros., Ltd.	2	2	0
Lodge of St. John, No. 15, S.A.C.	2	0	0
Low, Robert, & Sons	2	2	0
Lion Brewing & Malting Co., Ltd.	5	0	0
LeMessurier, A. & E. Ltd.	2	0	0
Lysaght (Aust.), John, Ltd.	2	2	0
Macrow, A., & Sons Pty, Ltd.	2	2	0
Mann's Motors, Ltd.	2	2	0
Martin, C. H., Ltd.	2	2	0
Martin, John, & Company Ltd.	10	10	0

Contributions Received during 1928—continued.

	£	s.	d.
MacIlwraith, McEachern's Line Pty., Ltd.	2	0	0
McKay, H. V., Pty., Ltd.	2	2	0
McPhersons Pty., Ltd.	2	2	0
Mechanical Supplies Ltd.	2	2	0
Menz, W., & Co., Ltd.	2	2	0
Metropolitan Abattoirs Board	10	10	0
Metropolitan Brick Co., Ltd.	2	0	0
Metters Ltd.	5	0	0
Milne, George	2	0	0
Moore, Chas., & Company	2	2	0
Motteram & Sons, Ltd.	2	2	0
Municipal Tramways Trust	10	0	0
Muth, G. A.	3	3	0
Mutooroo Pastoral Company, Ltd.	5	5	0
Myer Emporium (S.A.) Ltd.	5	0	0
Nestle and Anglo Swiss Condensed Milk Co. (Aust.) Ltd.	2	2	0
Ocean Accident and Guarantee Corpn., Ltd.	5	0	0
Oddfellows Lodge, Loyal Glen Osmond Lodge, No. 56..	2	2	0
Onkaparinga Racing Club	6	0	0
Overland South Australia Ltd.	10	10	0
Penfold's Wines, Ltd.	5	0	0
Pengelley, A., & Company	2	2	0
Peoples Stores, Ltd.	2	2	0
Port Adelaide Co-operative Accident Relief Socy. . . .	5	0	0
Queensland Insurance Co. Ltd.	2	0	0
Reckitt's (Overseas), Ltd.	5	5	0
Reid Bros., Ltd.	2	0	0
Reid, Robert & Co., Ltd.	2	2	0
Richards, T. J., & Sons, Ltd.	2	2	0
Rose of Sharon Lodge	3	3	0
Sands & McDougall	2	2	0
Sanitarium Health Food Co.	2	2	0
Seppelt, B., & Sons, Ltd.	2	0	0
Shearer, John, & Sons	5	0	0
Slaters (Furnishers) Ltd.	2	0	0
Smith & Dove, Ltd.	2	2	0
S.A. Associated Brewers and United Licensed Victuallers' Association	5	5	0
S.A. Brewing Company, Ltd.	3	3	0
S.A. Master Carters' Association	2	2	0
S.A. Gas Company	5	5	0
S.A. Jockey Club (£10, £15, £5)	30	0	0
S.A. Licensed Victuallers' Racing Club (£5, £5 5s.) . .	10	5	0
S.A. Stevedoring Co., Ltd.	5	0	0
S.A. Tattersall's Club, Incorporated	10	10	0
S.A. Woollen Co., Ltd.	2	2	0
Standard Oil Co. of Aust., Ltd.	2	2	0
Stonyfell Vineyards (H. M. Martin & Son, Ltd.) . . .	5	0	0
Swan, W. A., & Sons	2	0	0
Sullivan, C.	5	0	0
Texas Co. (Aust.) Ltd.	3	3	0
Thompson & Harvey, Ltd.	2	2	0
Turner, C.	5	5	0

Contributions Received during 1928—continued.

	£	s.	d.
Vacuum Oil Co. Proprietary Ltd.	3	3	0
Walkerville Brewing Co-op. Co. Ltd.	2	0	0
Waltons Ltd.	2	2	0
Ward, S. C., & Co.	2	2	0
Watson & Co.	2	2	0
Watson, W., & Sons Ltd.	2	2	0
Webber & Williams	2	0	0
Western Australian Insurance Coy. Ltd.	2	2	0
Wilkinson & Co., Ltd.	2	2	0
Wilcox, Mofflin Ltd.	2	0	0
Wills, W. D. & H. O. (Aust.), Ltd.	5	0	0
Wood, G., Son & Company	10	0	0
Woodroofe, W.	3	3	0
Zenner, Mrs. H.	2	0	0

COMMISSIONERS OF CHARITABLE
ABSTRACT OF RECEIPTS AND EXPENDITURE OF THE COMMISSIONERS OF CHARITABLE FUNDS

RECEIPTS.

	To June 30th, 1927.			To June 30th, 1928.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
To Sundry bequests, contributions, rents, and unclaimed patients' fees	23,734	18	7	647	3	10	24,382	2	5
T. F. Hyland's bequest for investment ..	1,000	0	0	—			1,000	0	0
David Mundy's bequest for providing comforts for patients	500	0	0	—			500	0	0
Estates of the late Miss A. F. Keith-Sheridan and Mrs. A. M. Simpson— Amount allocated by the executors for kiosk and electrical cardiograph	3,100	0	0	—			3,100	0	0
Adelaide Hospital Auxiliary— Amounts collected by the Committee ..	1,704	4	0	565	15	8	2,269	19	8
T.B. patients Comforts Fund	87	8	1	3	17	6	91	5	7
Hospital Day Appeal— Amount received from executive committee	*3,390	0	0	—			3,390	0	0
Football Charity Carnival— Amount received from Committee	—			2,000	0	0	2,000	0	0
Office furniture, Sale of	6	13	6	—			6	13	6
Thos. Martin's bequest— Proportion of capital received from trustees	21,200	0	0	—			21,200	0	0
Proportion of income received from trustees	15,814	15	2	—			15,814	15	2
Sundry rents collected by Commissioners	37,562	2	3	2,856	7	0	40,418	9	3
Interest on monthly balances	18,689	8	3	997	8	9	19,686	17	0
Martin Buildings—Rent account.....	9,852	0	0	3,653	0	0	13,505	0	0
Thorngate Buildings—Rent account...	—			75	4	3	75	4	3
Interest on investments and current accounts	22,647	13	1	2,056	1	11	24,703	15	0
£	159,289	2	11	12,854	18	11	172,144	1	10
Department of Dentistry— Donation from British Red Cross Society	15,000	0	0	—			15,000	0	0
Interest at 5½ per cent. thereon	2,929	7	11	168	6	3	3,097	14	2
£	177,218	10	10	13,023	5	2	190,241	16	0

* Including £1,000 received from Football Charity Carnival.

Other property held.—Thomas Martin's bequest—Town acre 86, situated on the south-various

July 12th, 1928.

In conformity with section No. 23 of Act No. 1078 of 1912, I have the honor to report the Adelaide Hospital, and examined the securities, and found them correct.

July 24th, 1928.

FUNDS.—ADELAIDE HOSPITAL.

IN ACCOUNT WITH THE ADELAIDE HOSPITAL FOR THE YEAR ENDED JUNE 30TH, 1928.

EXPENDITURE.

	To June 30th, 1927.			To June 30th, 1928.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
By Adelaide Hospital—									
Payments for building additions, &c. .	20,653	9	4	—			20,653	9	4
Interest on expenditure for additions and improvements	6,713	4	8	2,310	16	1	9,024	0	9
Contributions towards the maintenance of Kiosk—Construction of and supply of cardiograph	660	0	0	249	0	0	900	0	0
Thos. Martin's bequest—	3,335	4	9	—			3,335	4	9
Children's Hospital on subdivision of estate	650	0	0	—			650	0	0
Land tax on portions of town acre 86 ..	3,061	9	0	704	15	4	3,766	4	4
City and water rates on portions of town acre 86	305	8	0	25	2	0	330	10	0
Additions and improvements to buildings on town acre 86 held under old leases.	8,075	17	7	166	4	3	8,242	1	10
Sundry expenses (including law costs) ..	290	19	5	40	4	7	331	4	0
Commissioners' additional fees under Act 1553/23	399	16	0	100	0	0	499	16	0
Nurses' Home, Adelaide Hospital, pay- ment towards	20,000	0	0	—			20,000	0	0
Martin Buildings—									
Construction account	26,553	7	1	—			26,553	7	1
Maintenance account	1,035	7	10	383	5	5	1,418	13	3
Thorngate Buildings—									
Capital and construction account	—			8,669	1	2	8,669	1	2
Maintenance account	—			63	6	4	63	6	4
Adelaide Hospital Auxiliary—									
Supplies of drapery, bed linen, clothing, &c.	1,629	15	6	394	1	11	2,023	17	5
Football Charity Carnival—									
Drapery, bed linen, clothing, &c.	—			1,965	18	8	1,965	18	8
Hospital Day Appeal—									
Drapery, bed linen, clothing, &c.	3,381	9	7	8	10	5	3,390	0	0
T.B. patients' Comforts Fund—Repairs, &c.	4	13	0	9	0	0	13	13	0
Office furniture	58	4	0	—			58	4	0
Proportion of Commissioners' fees	997	8	6	71	6	0	1,068	14	6
Clerical Services	1,001	17	2	59	8	4	1,061	5	6
Sundry expenses, miscellaneous	200	2	0	39	15	1	239	17	1
	£99,007	13	5	15,250	15	7	114,258	9	0
Department of Dentistry—									
Proportion of Commissioners' fees and clerical services	102	17	0	6	0	1	108	17	1
Payments towards new buildings in Frome Road	14,618	17	2	209	8	8	14,828	5	10
	£113,729	7	7	15,466	4	4	129,195	11	11
Balance on June 30th, 1928—									
S.A. Government Treasury—									
Trust Account				9,648	16	5			
Department of Dentistry				3,160	11	3			
Adelaide Hospital Endowment Fund, under Act 1209/15				42,765	0	0			
S.A. Government inscribed stock				4,300	0	0			
S.A. Government inscribed stock, "Hyland's bequest" ..				1,000	0	0			
Bank of Adelaide—Current account				171	16	5			
							61,046	4	1
							£ 190,241	16	0

west corner of Rundle and Pulteney Streets, with the buildings thereon leased to persons.

P. WHITINGTON,
E. M. SMITH,
L. H. SHOLL, } Commissioners.

that I have audited the accounts of the Commissioners of Charitable Funds in connection with

W. E. ROGERS, Auditor-General.

REPORT ON DENTAL DEPARTMENT, 1928.

Superintendent—T. D. Campbell, D.D.Sc.

Senior Dental Surgeon and Demonstrator—J. F. Clark, B.D.S

Dental Surgeons—J. V. Christophersen, B.D.S.; A. E. Bolt.

Dental Surgeon (half-time)—Miss W. E. Preedy, B.D.S.

Senior Dental Mechanic—L. A. M. Brougham.

STAFF.

The following alterations in the Staff took place during 1928:—Mr. J. V. Christophersen was appointed Dental Surgeon in place of A. D. Cocks, who resigned. Miss W. E. Preedy was appointed to the position of half-time Dental Surgeon. Mr. A. E. Bolt was transferred as Dental Surgeon in the Education Department to this Staff. Mr. R. J. Brazil-Smith was appointed by the University to the part-time position of Instructor in Clinical Prosthesis. Sister L. Mayor was appointed as an addition to the Nursing Staff.

STUDENTS.

Students attending the practice of the Hospital were as follows:—First year, nil; second year, three; third year, two; fourth year, seven; total, 12.

In the final examinations, four students graduated for the degree of Bachelor of Dental Surgery, University of Adelaide.

GENERAL REMARKS.

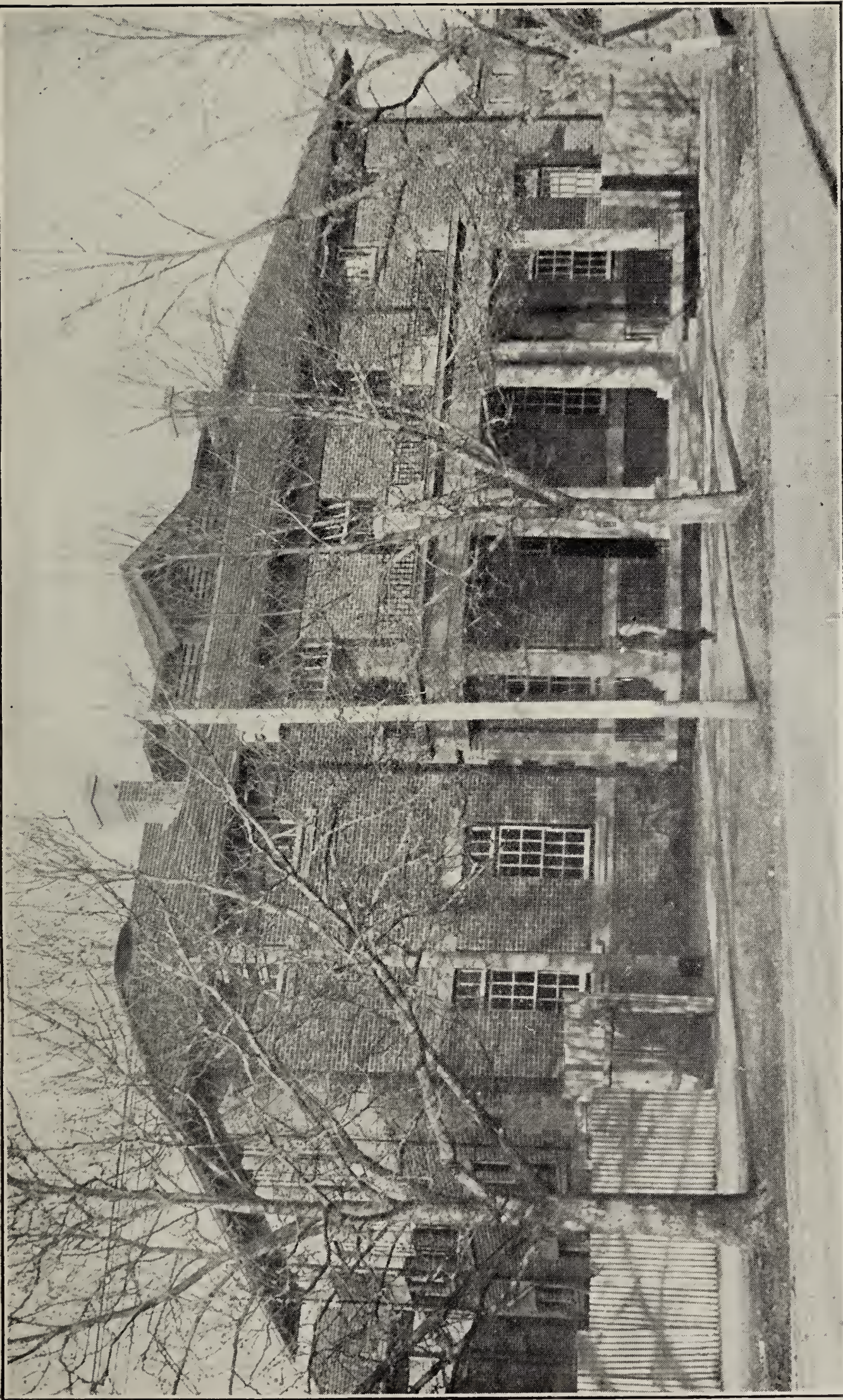
The South Australian Branch of the Australian Dental Association continues to hold its monthly meetings at the Hospital.

The lecture theatre is now installed with a Balopticon, an up-to-date projection apparatus. This was installed by the University, the Dental Association contributing a share towards its purchase.

An important matter was the absorption by this Department of the activities of the Education Department city dental clinic. This entails work concentrated on a particular age group of school children living in the metropolitan area; a definite part of the Education Department health scheme. This necessitated the transfer of a dental surgeon from the Education Department and a further addition to the nursing staff. Besides this particular age group, many other school children receive treatment here.

The demands for treatment continue to increase very considerably; so much so that in certain branches of work patients have to wait their turn for even months ahead.

Although the amount of work accomplished during recent years has shown continued increase, the revenue derived therefrom has, for the last year or two, diminished markedly. This



THE DENTAL DEPARTMENT (Front View of the Building).



THE OPERATING ROOM (Patients Under Treatment).

is due to the fact that the majority of patients are in very poor or completely destitute circumstances. The proportion of such cases has increased very considerably.

APPENDIX I.

TREATMENT EXECUTED.

	1928.	1927.	1926.	1925.	1924.
Patients examined	3,221	2,826	3,543	2,071	1,906
Admissions	3,093	2,845	3,589	2,340	2,158
Discharges	2,647	1,971	3,278	1,719	2,239
Total attendance for all purposes	26,159	24,404	27,149	17,999	15,297
Attendance (exclusive of examinations and appointments)	16,921	15,794	16,753	12,513	10,800
Treatments	6,508	6,591	6,554	5,744	5,034
Extractions under—					
Local anaesthesia	4,258	2,680	3,115	1,468	1,916
General anaesthesia	8,463	7,129	7,209	5,746	5,093
Anaesthetics administered—					
Local	1,781	1,303	1,395	703	749
General	830	702	815	751	544
Restorations—					
Gold	53	114	199	259	153
Plastic	5,111	4,349	5,371	2,707	1,969
Inlays	578	494	644	360	307
Crowns	40	13	39	36	48
Bridges	8	3	12	5	4
Removal of impacted teeth	—	8	8	13	4
Apicectomies	8	5	4	5	25
Fractures of the jaw	9	12	9	13	11
Radiographs	595	617	707	789	771
Artificial dentures	1,247	1,147	1,099	898	757
Repairs to dentures	246	226	226	115	116

APPENDIX II.

INSTITUTIONAL PATIENTS TREATED AT DENTAL DEPARTMENT,
ADELAIDE HOSPITAL.

Pensioners	239
State Children	422
Nurses and Adelaide Hospital employees	56
Indoor patients	121
Aged Men's Retreat	3
Repatriation	1
Magill Home	21
Bedford Park Sanatorium	22
Army Home, Fullarton	13
Aboriginals Department	23
Australian Red Cross	1
House of Mercy, Walkerville	6
Fullarton Refuge	2
Boys' Home, Walkerville	15
Keswick Hospital	2
Kalyra Sanatorium	6

APPENDIX III.

STATEMENT OF RECEIPTS AND EXPENDITURE.

Receipts.

	£	s.	d.
Patients' fees	1,317	11	10
Students' fees	158	8	0
Total	£1,475	19	10

Expenditure.

	£	s.	d.
Salaries	3,712	11	9
Contingencies	1,674	3	0
Total	£5,386	14	9

THE CONSUMPTIVES' HOME.

Within the home are rooms set apart for library (with hundreds of books, periodicals, and magazines), smoking, billiards (full-sized table), billatelle, and other games. A piano and organ are also provided, in fact everything is done to give the patient all the comforts of a good home, together with the best medical and nursing skill procurable. There are 23 cubicles, three rooms for two patients each, one ward for eight patients, one ward for nine patients, one large bungalow for 12 patients, and four tents for one patient each—giving accommodation for 62 patients.

The buildings have verandahs on both sides, are thoroughly ventilated, the walls and ceilings are varnished and the floors covered with linoleum.

Provision is also made for the treatment of cancer cases, there being 14 single bedrooms devoted to this purpose.

The majority of cases pass through the Consultation room, or are transferred from the wards of the General Hospital.

Phthisis.

	M.	F.	Total	Died.	Left.	Remaining in Hospital on Dec. 31st, 1928.	
						M.	F.
Remaining in Hospital on December 31st, 1927	26	16	42	—	—	—	—
Admitted during year 1928	56	41	97	—	—	—	—
Total treated for the year	82	57	139	64	36	20	19

Cancer.

Remaining in Hospital on December 31st, 1927	11	5	16	—	—	—	—
Admitted during year 1928	44	18	62	—	—	—	—
Total treated for the year	55	23	78	44	11	15	8

Cancer—Deaths Classified.

Disease.	Deaths.	Disease.	Deaths.
Malignancy of—		Malignancy of—	
Stomach	5	Nose	—
Rectum—Intestines	7	Jaw	—
Mouth and Throat	6	Breast	2
Tongue	—	Female Genito Urinary system	8
Bladder	—	Male Genito Urinary system	1
Epithelioma of—		Parotid Gland	—
Face	3	Other Parts	7
Lip	—	Prostate	1
Ear	1	Sigmoid	1
Mouth.....	—		
Oesophagus	2		
			44

	£	s.	d.
Total fees received for maintenance	996	4	2
Total cost of maintenance	5,716	0	6
Annual cost per bed occupied	95	5	4 ¹ / ₁₀
Average daily cost	0	5	2 ¹ / ₂
Average total cost each inpatient	26	6	9 ³ / ₁₀
Average daily resident, 60.			

INFECTIOUS DISEASES BLOCK.

DISEASE.	Males.	Females.	Cured.		Relieved.		Un-relieved.		Other Causes.		Died.		Rem'ng in Dec. 31, 1928.		Total.		Con-current.	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Diphtheria (Faucal)	40	55	18	26	18	18	—	1	—	—	2	1	2	9	95	3	—	1
Diphtheria (Laryngeal)	4	7	3	5	1	1	—	—	—	—	—	1	—	—	11	—	—	—
Acute Tonsillitis and Quinsy ..	38	37	15	15	22	20	—	1	—	—	1	—	1	1	75	4	—	2
Measles	38	35	29	21	7	13	—	—	—	1	1	—	—	—	73	1	—	—
Scarlatina	15	33	11	24	4	8	—	—	—	—	—	1	—	—	48	—	—	—
Pertussis	15	17	5	10	6	1	—	1	—	—	3	—	—	—	32	—	—	—
Epidemic Parotitis	3	—	2	—	1	—	—	—	—	—	—	—	—	—	3	2	—	—
Varicella	10	10	4	6	5	3	—	—	—	—	—	—	1	1	20	1	—	—
Erysipelas	16	24	10	11	4	11	—	1	—	—	—	—	2	1	40	—	—	—
Cellulitis and Carbuncle	2	2	1	2	1	1	—	—	—	—	—	—	—	—	4	—	—	—
Other Cutaneous Diseases	13	17	4	5	8	11	—	1	—	—	—	—	—	—	30	2	2	2
Pneumonia	1	1	1	—	—	—	—	—	—	—	—	1	—	—	2	5	3	1
Other Diseases of the Lungs ..	1	1	—	—	1	1	—	—	—	—	—	—	—	—	2	—	—	—
Gastro-enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	1
Other Diseases of the Kidneys ..	1	2	—	1	—	—	—	—	—	—	1	1	—	—	3	—	—	—
Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	17	1
Otitis Media	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other Diseases of the Ear	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Cardiac Failure	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Other Diseases of the Heart ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2
Pulmonary Tuberculosis	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Other Parts ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Carcinoma of Colon	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Carcinoma of Tongue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Malnutrition and Neglect	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Mental Alienation	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—
Diseases of the Lymphatics ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—
Traumatism by fall or external violence	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Laryngitis	2	2	—	1	1	1	—	—	—	—	1	—	—	—	4	1	—	—
No Disease	—	3	—	—	—	—	—	—	3	—	—	—	—	—	3	—	—	—
Diseases of the Mouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the Joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Infantile Paralysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Gangrene	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Orchitis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—
Lymphatic Leukæmia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
	205	247	105	127	82	88	—	4	—	4	10	12	6	12	452	63	50	—

The number of new cases admitted during the year (426) was 94 less than the previous year.

The deaths total 22, a mortality rate of 4.86 per cent.

The diphtheria cases were 40 more than the previous year, 66 cases in 1927 and 106 in 1928. There were 4 deaths, being a mortality rate of 3.77 per cent.

There were 48 cases of Scarlatina treated in 1928, as against 77 in 1927. There were no deaths.

There was a decrease in the number of cases of measles treated during the year, 73 in 1928 as against 89 in 1927. There was one death.

The number of cases of Erysipelas was 40, as compared with 51 in 1927.

The Block has accommodation for 144 cases.

	M.	F.	Total.
In Hospital December 31st, 1927	9	17	26
Admitted during 1928	196	230	426
Total treated	205	247	452
Remaining in Hospital December 31st, 1928.	6	12	18
	£	s.	d.
Total fees received for maintenance	1,551	19	1
Total cost of maintenance	3,055	19	9
Annual cost per bed occupied	169	15	6½
Average daily cost.....	0	9	3½
Average total cost each inpatient	6	15	2½
Average daily resident, <i>i.e.</i> , per bed occupied, 18.			

LABORATORY OF BACTERIOLOGY AND PATHOLOGY, ADELAIDE HOSPITAL.

STAFF.

Director:

LIONEL B. BULL, D.V.Sc., Melb.

Deputy Director:

E. McLAUGHLIN, M.B., B.S., Adel., M.R.C.P.

Bio-Chemist:

R. J. COWAN, B.Sc.

Bacteriologist in Charge of Vaccine Department:

HELEN M. MAYO, M.D., Adel.

Honorary Pathologist:

JOHN B. CLELAND, M.D., Ch.M., Sydney.

The work of the laboratory is clearly separated into two main divisions, viz., work done for patients admitted to the Adelaide Hospital for treatment and that done for private medical practitioners, boards of health, Stock Department, and other public institutions. All the work in these two main divisions is more or less of a routine character, but wherever possible, research or investigational work is carried out on diseases of man and animals, and also on the improvement of laboratory methods used in the diagnosis of disease. As far as possible this work is summarised in the following table, but this summary does not represent all the activities of the staff, which, in addition, concerns itself in the care and maintenance of apparatus; the preparation of staining solutions, culture, media, &c., for use by students both in the Hospital and at the University; assistance to the Honorary Pathologist in the building up and maintenance of a museum and pathological and bacteriological examinations in connection with the *post mortem* room; the maintenance of a library of current scientific publications on pathology, bacteriology, bio-chemistry, and related subjects.

It is not possible to give a very accurate picture of the activities of the laboratory staff and the work done by giving the actual number of examinations made, for one examination may involve, for example, 10 times the amount of time that another does. For the most part, however, such a summary does convey, particularly to those familiar with laboratory work, some idea of the main activities of the staff.

Summary of work, 1928:—

Adelaide Hospital—

Clinical Pathological Examinations—

(a) Histopathological.....	554
(b) Blood counts	368
(c) Miscellaneous	26

Adelaide Hospital—*continued*.

Bio-chemical Examinations—		
(a) Blood Sugar—		
(i.) Single examinations	473	
(ii.) Sugar tolerance curves	81	
(b) Blood urea nitrogen	324	
(c) Test meals—		
(i.) Simple meals	12	
(ii.) Fractional test meals	143	
(d) Colloidal gold curves	47	
(e) Miscellaneous	679	
	—	1,759
Bacteriological Examinations—		
(a) Throat and nasal swabs	1,258	
(b) Sputa	952	
(c) Urines	993	
(d) Smears for gonococci	322	
(e) Bloods for Widal reaction	90	
(f) Miscellaneous	1,388	
	—	5,009
Private Work—		
Clinical Pathological Examinations—		
(a) Histopathological	360	
(b) Blood counts	142	
	—	502
Bio-chemical Examinations	114	114
Bacteriological Examinations—		
(a) Throat and nasal swabs—		
(i.) Local Board of Health, etc.	1,421	
(ii.) Others	494	
(b) Sputa	1,068	
(c) Smears for gonococci	372	
(d) Bloods for Widal reactions	86	
(e) Water examinations	138	
(f) Miscellaneous	2,014	
Stock Department—	—	5,593
Routine	76	
Special investigations	17	
Hydatid Complement Fixation Tests—	—	93
Hospital	15	
Private ..	8	
Weil-Felix Reactions—	—	23
Hospital	97	
Private	34	
Wassermann Reactions—	—	131
Adelaide Hospital—		
(a) Indoor patients	480	
(b) Outpatients'	210	
(c) Night clinic	355	
Private (including 56 examinations from the Repatriation Department)	700	
	—	1,745
Vaccines prepared—		
Adelaide Hospital	106	
Private patients	126	
	—	232
		16,149
Less examinations mentioned twice	—	1,086
Grand total		15,063

The *Clinical Pathological* examinations performed for the Adelaide Hospital include—(1) The histological diagnosis of pathological tissues, several of which were immediate examinations performed during operations (such examinations are done in order to help the surgeon in determining the extent and nature of the operation necessary); (2) the examination of urine to detect abnormal chemical and morphological elements; (3) the examination of fæces to detect the presence of abnormal elements; (4) the examination of cerebro-spinal fluid to detect cellular and chemical change (this examination is extremely useful in detecting syphilis of the central nervous system); (5) the examination of the blood to detect the presence of the various anæmias and leukæmias; (6) the examination of material for the detection of *spirochoeta pallida* in the diagnosis of syphilis; (7) the examination of fluids from various cavities and cysts to determine their nature.

The bio-chemical examinations performed for the Adelaide Hospital include—(1) The estimation of the amount of sugar in the blood (this examination is made as an aid to the diagnosis of diabetes, and is made either after a fasting period or after the administration of glucose when several examinations are made to trace the rise and fall in the blood sugar); (2) the estimation of the urea nitrogen in the blood; (3) the examination of the gastric contents after a test meal, either one sample at the end of one hour or smaller samples at more frequent intervals over a period of two and a half hours; (4) colloidal gold curves on cerebro-spinal fluids; (5) the estimation of the basal and metabolism of patients; (6) chemical examinations of various body fluids.

The *Bacteriological Examinations* performed for the Adelaide Hospital include—(1) The examination of sputum for the detection of tubercle bacilli and other bacteria, and also for hydatid hooklets; (2) the examination of blood for the Widal reaction (this examination is important in assisting in the diagnosis of typhoid fever); (3) the examination of swabs taken from the throat and nose to detect the presence of diphtheria bacilli; (4) the examination of urine to detect the presence of tubercle bacilli, colon bacilli, and other bacteria; (5) the examination of inflammatory fluids, for the detection of bacteria, *e.g.*, pleuritic fluid for tubercle bacilli; (6) examination of cerebro-spinal fluid to detect the presence of tubercle bacilli, meningococci, and other bacteria; (7) the cultural examination of blood to detect the presence of bacteria in the circulation; (8) the examination of fæces and urine for the detection of typhoid bacilli and other pathogenic bacteria; (9) the examination of pus for the detection of gonococci, actinomyces, and other bacteria. Bacteria isolated from the various fluids and materials are often used in the preparation of autogenous vaccines.

The *Wassermann Reaction* was performed on Thursday in each week. This reaction is of great value in the diagnosis and treatment of syphilis. The Griffith & Scott technique is employed throughout.

The examinations performed and classified under the head *Private Work* include in the main such examinations as described under clinical pathological, bio-chemical, and bacteriological examinations. Much work was done for the Board of Health. Included in the examinations are also:—Examinations of various foodstuffs for the detection of bacterial contamination; (2) examination of drinking water to determine its suitability for drinking purposes. Included under this head are regular examinations for the Hydraulic Engineer's Department and for the Adelaide Local Board of Health; (3) the examination of disinfectants to determine their germicidal power; and (4) medico-legal examinations.

The routine examinations for the *Stock Department* include—(1) Bacteriological examinations of cow's milk for the detection of tubercle bacilli and other bacteria; (2) morbid tissues for histopathological examination; (3) examination of fæces to determine the presence of parasitism; (4) examination of cow's blood for the diagnosis of contagious abortion by the agglutination test; (5) specimens removed *post mortem* from animals dying from various causes, &c.

During the year investigations were continued on "swelled head" in rams, and the cause of the disease appears to have been definitely established. A serious mortality in sheep was investigated and found to have been caused by the animals eating sour-sobs (*Oxalis cernua*). A skin disease of sheep was investigated and found to be due to the invasion by a mould parasite. Assistance was also given to the Stock Department in the diagnosis of suspected swine fever outbreaks. Several diseases of unknown etiology were investigated, as well as an outbreak of chicken pox in fowls and poisoning of sheep by Iceland poppies.

The Vaccine Department, as well as preparing 232 separate vaccines, also administered inoculations of vaccine to hospital patients. During the year 344 hospital patients were under treatment. The majority of these patients visited the laboratory twice a week during their course of treatment, when they received their injections. In all, 1,699 doses of vaccine were administered; also 376 doses of tuberculin were given to 19 patients. Vaccines were prepared for 126 patients under the care of private practitioners, and 1,108 doses (including 101 doses of tuberculin and 105 doses of T.A.B. and B.C.C.) and 70 c.c., were supplied in bulk to private practitioners.

Summary and Comments.—The figures show that there has been an increase of approximately 700 examinations over those made

during the previous year. This increase is due mainly to the larger number of examinations made for the Adelaide Hospital. More attention has been given to clinical pathology in the Hospital. The staff has been strengthened by the appointment of Dr. McLaughlin as Deputy Director, and he has devoted most of his time to clinical pathological work for hospital patients.

Towards the end of the year the Stock Department appointed a Veterinary Pathologist who is working in the laboratory under the supervision of the Director. This appointment has enabled the Stock Department to undertake more routine and investigational work on animal diseases and has relieved the laboratory staff of some of this work.

VENEREAL DISEASES.—NIGHT CLINICS.

REPORT FOR YEAR ENDED SEPTEMBER 30TH, 1928.

Improved accommodation for the treatment of venereal diseases is urgently necessary.

The Venereal Diseases Act, passed by Parliament in 1920, has not yet been proclaimed. The provisions of the Act could not be effectively carried out until accommodation for the treatment of both indoor and outdoor patients is provided.

It is considered that this Act should be proclaimed as soon as possible, but failing such action in the near future, improved accommodation and facilities for treating patients are necessary at the existing clinic.

REPORT OF OPERATIONS FOR THE YEAR ENDED SEPTEMBER 30TH, 1928.

Male Section.

Surgeon—Dr. G. H. Burnell, B.S., M.D.

Honorary Clinical Assistant—Dr. H. R. Pomroy, M.B., B.S.,
F.R.C.S.

With the increased number of male patients attending, the need for larger and better accommodation is becoming more and more evident.

On some evenings over 100 patients have had to be dealt with, and under present conditions this leads to great overcrowding with hurried treatment.

It is to be hoped that it will soon be possible to carry on this work under conditions suitable for treatment of such large numbers of patients.

The total number of patients for the year was 942, and the total number of attendances was 11,423. There were 197 cases of syphilis and 572 cases of gonorrhoea treated. Not included in the above were 29 persons who had both gonorrhoea and syphilis, and 79 patients attended on account of diseases which were shown to be other than venereal.

Female Section.

Surgeon—Dr. R. F. Matters, M.B., Ch.M., F.R.C.S.

Despite the limited facilities and the overcrowded accommodation, the work of the clinic has been very satisfactory. The

new department will probably give much more scope to the gonorrhoeal side, where another examination room, as well as another nurse, would obviate much congestion.

The great increase in the number of patients attending does not indicate a great increase in the incidence of infection, but is rather a tribute to the department in that women appreciate the treatment given, and are less inclined to be treated by unqualified people.

Two or three beds would be of great value in some cases and would allow of protein and other treatment, which is impossible with patients who have to go home immediately after treatment.

The establishment in a central position in the city or some of the out-ports of prophylactic depots would probably be a means of preventing the onset of disease on the gonorrhoeal side, and with adequate privacy would probably be used. This, of course, should be of great value to the community generally as the number of infected women would be reduced. The idea should be viewed from the sanitary aspect, and not from the moral standpoint.

The total number of patients for the year was 241, and the number of attendances was 4,761. There were 95 cases of syphilis and 114 cases of gonorrhoea treated. Not included in the above were 17 patients who had both gonorrhoea and syphilis, whilst three patients attended for diseases which on examination were found to be non-venereal.

Attached are details of attendances and statement of expenditure and revenue.

DETAILS OF ATTENDANCES.

		Gonorrhoea.	Gonorrhoea and Syphilis.	Syphilis.	Non-venereal.	Not Diagnosed.	Total.	Attendances.
Males—								
Patients from previous year	305	} 572	29	197	79	65	942	11,423
New patients.....	637							
	---942							
Females—								
Patients from previous year	108	} 114	17	95	3	12	241	4,761
New patients.....	133							
	---241							
Totals.....	1,183	686	46	292	82	77	1,183	16,184

STATEMENT OF EXPENDITURE.

	£	s.	d.
Cost of salvarsan substitutes	215	7	5
Cost of drugs, lotions, &c.	151	18	3
Cost of laboratory work—Estimated value—	£	s.	d.
Wassermann tests—Males, 183 ; females, 172—			
total, 355, at 9s. each	159	15	0
Examinations of smears—Males, 86, at 3s. ;			
females, 112, at 3s.	29	14	0
Examinations of scrapings—Males, 19, at 5s. each	4	15	0
	<hr/>		
	194	4	0
Cost of salaries—			
Medical officers (2), £150, £75	225	0	0
Dispenser, three nights weekly	81	18	0
Clerk, five nights weekly	104	0	0
Nurses (4), three at one night weekly, and one			
at two nights per week	117	0	0
Porters (4), two nights weekly and, two at one			
night per week	124	16	0
	<hr/>		
	652	14	0
	<hr/>		
	£1,214	3	8
	<hr/>		
Revenue—			
Patients' Fees	334	8	0
Sale bottles, &c.	8	0	0
	<hr/>		
	£342	8	0
	<hr/>		

*(Supplement to the Annual Report of the Adelaide
Hospital for the Year 1928).*

THE
MEDICAL AND SCIENTIFIC ARCHIVES
OF THE
ADELAIDE HOSPITAL.

No. 8 (for the year 1928).

EDITORIAL COMMITTEE :

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SIR HENRY NEWLAND, C.B.E., D.S.O., M.B., B.S., F.R.C.S., Honorary Surgeon.

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1929.

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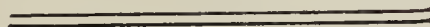
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THE
MEDICAL AND SCIENTIFIC ARCHIVES
OF THE
ADELAIDE HOSPITAL.

This is now the 8th issue of the Archives which were originally started with the object of rescuing from oblivion the records of cases of interest or importance met with in the Adelaide Hospital and not receiving publication elsewhere. The editorial committee have found it exceedingly difficult to abstract and record all such cases occurring in the hospital. Time has only permitted of a small portion being worked up so as to warrant inclusion in the report. Most of the burden of preparing the Archives rests upon the editorial committee with the assistance of the Medical and Surgical Registrars. It is to be desired that members of the Honorary Staff would participate more fully in the preparation of cases under their own care.

There is little doubt as to the value from the hospital point of view of the institution of the Archives. To some extent a record is made of cases which will prove of use for future reference. In working up cases, these are revised more fully and consequently their nature is better understood. Errors and omissions readily show themselves during such revision, especially when a series of cases is concerned, and once known can be avoided in the future. It has often happened that a preliminary diagnosis or even a more mature one undergoes drastic revision in the working up of the case.

The present issue continues the arrangement of material adopted in previous issues, and also contains a continuation of the epitome of the pathological lesions met with during one thousand consecutive post-mortem examinations in the Adelaide Hospital carried out during the years 1920 to 1925.

The committee wish again to thank the Inspector-General of Hospitals for the support given by him and the other members of the Board of Management to the Archives. The Medical and Surgical Registrars have also assisted materially in the preparation of the information here submitted.

I.—HYDATID DISEASE.

1. LARGE DEGENERATING HYDATID CYSTS OF THE LIVER WITH JAUNDICE DUE TO THE VALVULAR ACTION OF A FREE DAUGHTER CYST IN THE COMMON BILE DUCT.

(Reported by Dr. J. B. Cleland, Honorary Pathologist.)

M. F., a woman, *aet.* 59, was admitted under Dr. Cowan on October 24th and died three minutes after entering hospital. The history was that she had been ill for six days and had gradually become jaundiced and comatose.

Autopsy No. 197/28 (J. B. Cleland) showed apparently complete replacement of the left lobe of the liver by a very large hydatid cyst 6in. in diameter. On opening the abdomen this tense cyst presented itself in the situation usually occupied by the stomach projecting just below the sternum and ribs. The stomach was displaced downwards and the right lobe of the liver to the right. The gallbladder was tense and distended. The common bile duct was dilated, readily admitting the thumb, and the hepatic ducts above it were also dilated. On incising it a walnut-sized, but oval, hydatid daughter cyst escaped, followed by some small degenerated pea-sized cysts from the left hepatic duct. A probe was readily passed from the ampulla of Vater into the duodenum, the daughter cyst having apparently acted in a valvular way, thus leading to the gradual distension of the bile ducts. On incising the main hydatid cyst it was found to consist of two portions, one a smaller right-sided part having a wall which was undergoing calcification and separated from the less degenerated left portion by a ridge. Both cysts were occupied by degenerated membrane and various sized daughter cysts, the largest of which was 5in. in diameter. Numerous scolices were found in one daughter cyst examined. The patient showed also some slight fibrosis of the kidneys and slight hypertrophy of the heart. The cerebral vessels were atheromatous, but no area of softening was detected. In the absence of any other cause for the patient's coma and death this was attributed to toxæmia, jaundice, and pressure from the large hydatid cyst.

2. HYDATID CYSTS MET WITH DURING POST-MORTEM EXAMINATIONS.

(Reported by Dr. J. B. Cleland, Honorary Pathologist.)

Autopsy No. 171/28.—S. G., a male, *aet.* 28, was admitted under Dr. Smeaton on September 10th and died on September 21st as a result of acute infective periostitis in front of the sacrum with abscess formation and secondary pyæmic foci in the lungs and kidneys. *Staphylococcus aureus* was grown from the lesions. Along the diaphragmatic attachment of the right lobe of the liver was a degenerated hydatid cyst the size of a small fist with irregular scarring of the adjacent liver substance. The right lobe of the liver was little more than half its normal size and there was considerable compensatory hypertrophy of the left lobe of the liver.

Autopsy No. 179/28.—E. S., a male, *aet.* 50, was admitted under Dr. Guy Lendon on October 7th, dying the same day. There were extensive cerebral and pontine hæmorrhages, red granular kidneys, and a hypertrophied heart. Along the diaphragmatic attachment of the liver a degenerated caseous-looking hydatid cyst, 4in. long laterally and 2½in. thick, was present on the extreme right. The thick contents contained gelatinous degenerated membrane.

II.—MEDICAL CASES.

1. HAEMATEMESIS IN TYPHOID FEVER.

(Under the care of Dr. de Crespigny, Honorary Physician.)

J. M., a male, *aet.* 18, was admitted on February 1st complaining of headache, lassitude, and attacks of nose bleeding for 10 days. His temperature was 101.6°, pulse 80 (dicrotic in character), and respirations 22. The tongue was dry and covered with a thick whitish fur. Nothing abnormal was detected in the heart, lungs, or abdomen (the spleen not being palpable), but scattered over the chest and abdomen were a few red raised spots which faded on pressure. The urine contained no abnormal constituents and the white blood count was 8,700 per c.mm. The Widal and Weil-Felix reactions were negative two days after admission, but *B. typhosus* was present in the faeces. For a few days he continued to pass three or four liquid motions a day and had generalised abdominal tenderness without any rigidity. He then became constipated. Three days later he had a small epistaxis, which was followed one hour later by vomiting 6ozs. of bright blood. Next day his pulse rate began to increase and he passed a bloodstained motion. His general condition was much worse and he was given subcutaneous saline injections. The following morning he passed about 6ozs. of bright blood by the bowel followed by five dark black motions. In the evening he again passed three dark black motions. During the next two days he continued to pass three or four dark motions a day and died the following day. No *post-mortem* examination could be obtained.

2. A PROBABLE CASE OF ENTERIC FEVER WITH NEGATIVE BACTERIOLOGICAL FINDINGS.

(Under the care of Dr. F. S. Hone, Honorary Physician.)

C. W., a male, *aet.* 26, was admitted on October 3rd complaining of having had feelings of dizziness on stooping for the last two months. About 17 days before admission he had had severe headaches, occipital at first, but later becoming generalised and persisting up till the time of admission. He had kept on with his work as a grocer's assistant for 10 days after the headaches had commenced, but had then developed pains all over the abdomen and finally had gone to bed. He had had no rash, but had had a slight unproductive cough. His nose had not bled nor had he vomited. He had had several mild shivering attacks. His bowels had been kept regular with oil and purgatives.

He was rather a pale young man lying quietly in bed. His temperature was 100°F., pulse 100 (dicrotic type), and respirations 26. There was no rash. Nothing abnormal was detected on examination except a slight tenderness in the left upper quadrant of the abdomen and a palpable spleen. For three weeks his temperature ranged between 100°F. and 104°F., the pulse between 88 and 112. Four days after admission he vomited several ounces of brownish fluid and had an epistaxis. His headache still persisted. His spleen was not palpable except on the day of admission and again for two days three weeks after admission. A lumbar puncture showed clear fluid not under pressure, which contained no organisms. Repeated examinations of the urine and faeces detected no typhoid bacilli. The Widal and Weil-Felix reactions were also persistently negative, as were the blood cultures. Seven days after admission he developed a femoral

thrombosis. A differential blood count showed all the elements to be present "in their normal relative numbers. After three weeks his temperature began to fall by lysis, so that by the beginning of the fifth week it was normal and remained so except on four occasions when it rose to 100°. He was kept in bed until the end of November and then gradually allowed to get about. His temperature and pulse remained normal after he had been up, and he was discharged on December 2nd feeling quite well.

3. TWO CASES OF REPEATED EPISTAXIS LEADING TO DEATH.

(Under the care of Dr. de Crespigny, Honorary Physician.)

The patients were M. P. and T. P., school girls of 14 and 13 years respectively. In one case (M. P.) there was a four months' history of ill-health. In both cases the nose bleeding had lasted off and on for about a month, and there had been slight constipation for about the same time. T. P. had had a sore throat and swelling at the right side of the neck shortly after the first onset of the bleeding, and since then had often had a high temperature. There was no significant past history of any similar family complaint in either case.

On admission both girls were pale and listless, and neither showed any definite purpuric spots nor was there any significant glandular enlargement. In both cases blood transfusion was performed—in the case of M. P. three times. The blood picture, however, showed marked differences in the white cells—in the case of M. P., the granular cells averaged 80 per cent., whilst in the case of T. P. the lymphoid cells averaged about the same number. On admission the red blood count in the case of M. P. was about three millions, falling at death about a month later to slightly over a million. In T. P. there was no marked change from her admission up to the time of death a week later, the count being in the neighbourhood of a million. The colour index in the case of M. P. was low, and in the case of T. P. was high, and in both cases the platelets were reduced, in the case of M. P. averaging about 30,000 to 35,000. There was no considerable change in coagulation time, bleeding time, or clot retraction. Throughout, the reaction in T.P.'s blood was aplastic; only latterly did it become so in the case of M. P. and then only transitorily.

4. PROGRESS OF A CASE OF PERNICIOUS ANAEMIA BEFORE AND AFTER LIVER TREATMENT.

(Under the care of Dr. Burston, Honorary Assistant Physician.)

L. S., a widower, *aet.* 52, was admitted on May 15th, 1925, with a history of not feeling well for three years. Twelve months ago his legs had started to swell, and when he knocked them they would not heal, and were apt to become quite stiff. He also complained of a sore tongue. He had had no previous illness except influenza five years ago. His occupation was that of an orchardist, but he had

not done any heavy work for 18 months. The following table gives a graphic description of the case:—

Date.	Hb.	Red Cells.	White Cells.	Color Index.	Megalocytosis.		
	%	per c.mm.	per c.mm.				
24.6.25...	65	2,650,000	2,000	1.2	Present	—	—
7.8.25....	75	3,000,000	—	1.2	—	—	Not men- tioned.
7.9.25....	56	2,540,000	—	1.1	—	—	“
13.10.25..	75	2,670,000	3,100	1.4	—	—	“
31.12.25..	90	4,050,000	—	1.1	—	—	“
22.3.26...	90	3,110,000	4,300	1.4	—	—	“
17.5.26...	84	3,470,000	4,100	1.2	“	—	—
9.8.26....	85	3,030,000	3,600	1.4	—	—	“
14.11.26..	74	3,300,000	2,800	1.2	—	—	“
17.12.26..	76	3,350,000	3,300	1.1	“	—	—
7.2.27....	58	2,700,000	3,800	1	“	—	—
15.3.27...	28	1,500,000	—	0.93	—	—	“
Achlorhydria detected on investigation.							
30.6.27...	31	1,380,000	2,300	1.1	—	—	“
5.8.27....	29	960,000	2,100	1.5	“	—	—
Up to this point the patient was on the usual treatment of arsenic, iron, and hydrochloric acid, both as an outpatient and inpatient.							
Liver treatment now commenced.							
25.8.27...	50	1,860,000	3,300	1.3	“	—	—
10.9.27...	63	3,780,000	3,200	0.84	“	—	—
16.9.27...	78	3,900,000	5,200	1.0	“	—	—
28.9.27...	85	4,260,000	5,500	1.0	—	—	“
7.10.27...	82	4,300,000	3,730	0.95	“	—	—
4.3.28....	99	6,140,000	7,500	0.81	—	Absent	—
18.6.28...	108	5,275,000	7,500	0.97	—	“	—

The cessation of megalocytosis and a normal white cell count, haemoglobin, and red cell count were first noticed at the beginning of March, 1928. The previous blood picture taken five months before showed abnormality in all these respects, and still constituted a blood picture of pernicious anaemia. There appears to have been a remission for six months odd towards the end of 1925, since when the patient had been going steadily downhill. The contrast between response to medication from his admission to Flinders Ward in March, 1927, and the response to liver treatment, probably about the second week, is remarkable.

5. PROFOUND ANAEMIA OF PREGNANCY.

(Under the care of Dr. F. Hone, Honorary Physician.)

M. P., married woman, *aet.* 28, was in her usual good health until April, when she began to get pale and always felt tired. Two months later she gave birth to an eight-months' still-born child. A doctor was not present when the baby was born, but arrived soon after and delivered the placenta. She lost very little blood during parturition. Almost directly after the birth of the child she began to shiver, and felt as if she could not get enough air. She was also very thirsty. Next day she was admitted to hospital, her temperature being 97°,

pulse 120, respirations 32, and blood pressure 120/60. She was extremely pale and in a good deal of respiratory distress. While being examined she continually complained of thirst. Except for the severe anaemia (haemoglobin 30 per cent.) nothing abnormal was detected on general examination. Her blood belonged to Group IV. (Moss), but as a suitable donor could not be obtained immediately she was given 500 c.c. saline intravenously and a shock cradle applied. She died seven hours after admission.

Autopsy No. 107/28 (J. B. Cleland).—The patient's teeth were mostly sound, but there were two stumps in the upper jaw. The patient was very fat, and there were very fat lactating breasts and considerable omental fat. Watery blood had trickled down the left leg from the vagina. The perinaeum was unruptured. There were several irregular tears in the vaginal wall, both longitudinal and oblique. Blood-clot was escaping from the os, which was a little torn and which showed some small mucous cysts. The uterus measured 5in. x 4½in., was pale, and contained stringy blood clot. The ovaries seemed normal. The lungs were pale. The right auricle was greatly distended, the heart muscle was very pale, and there seemed to be thrush's breast striation of the papillary muscles, which was not, however, confirmed when stained for fat. The liver was somewhat enlarged, weighing 78¼ozs., and was brownish in tint from haemosiderin. The bile was dark and viscid, and the gall bladder contained five faceted gallstones and a number of smaller ones. The spleen was enlarged, weighing 9¼ozs., and was moderately dark red and moderately firm. There were some petechiae in the duodenal mucosa. The kidneys weighed 8½ozs. and 8¾ozs. respectively, and were very pale, with the cortex swollen and not clearly defined from the medulla. No haemosiderin reaction was obtained in them. The suprarenals were large and firm. The pancreas was normal. The abdominal aortic glands were a little red. The bone marrow of the shaft of the femur was red, though the bone had not been much encroached on; the redness was not so great as in typical pernicious anaemia. Microscopically the liver with the potassium ferrocyanide test showed numerous blue granules in the liver cells in the portal zone, and some faint diffuse blueness of some of Küpffer's cells. There was one small area, probably of focal necrosis, where there was an accumulation of polymorphonuclear cells amongst the liver cells. The spleen was very cellular, and did not give a haemosiderin reaction. The kidneys showed a lot of reticular exudate in the convoluted tubes; the nuclei of the cells remained distinct, and there was some dilatation of the capsules. The blood film made at the autopsy showed many ghost cells but no megalocytosis. The smear from the bone marrow showed moderate myeloid activity, but practically no erythroblastic proliferation.

6. TWO CASES OF ANAEMIA WITH DYSPHAGIA (PLUMMER-VINSEN SYNDROME).

(Under the care of Dr. de Crespigny, Honorary Physician.)

CASE I.—J. F., a married woman, *aet.* 28, complained of having had difficulty in swallowing for three to four years. She could swallow fluids without difficulty, but solid food seemed to "stick in her throat" and nearly choke her, but she could finally swallow it after a lot of struggling. Because of the difficulty in swallowing solid food she had lived solely on fluids and had lost a good deal of

weight. Her only previous illness was an operation for the removal of tuberculous glands from the neck two years ago.

On admission in August, 1928, nothing abnormal was detected on examination except an enlarged gland in the left submaxillary triangle and a degree of anaemia. Oesophagoscopy was performed and a spasmodic stricture seen just below the cricoid cartilage. Bougies were passed and the stricture dilated. She was given pil. Blaudii and increasing doses of liquor arsenicalis, and was also taught how to pass a stomach tube on herself. Her blood picture on admission was:—Haemoglobin, 39 per cent.; erythrocytes, 4,680,000 per c.mm.; leucocytes, 6,500 per c.mm.; colour index, 0.42. Differential leucocyte count:—Polymorphs, 62.0 per cent.; lymphocytes, 32.8 per cent.; basophiles, 0.5 per cent.; monocytes, 5.0 per cent. There was pallor of the erythrocytes and also some anisocytosis and poikilocytosis. The picture was that of a chlorotic anaemia. X-ray examination showed no gross abnormality of the oesophagus. She improved greatly, putting on weight and gaining strength, but at the end of two months the blood picture showed very little indication of regeneration. She was allowed to go home, with instructions to pass a stomach tube about once a week.

CASE II.—C. J., a married woman, *aet.* 68, was in fairly good health until September, 1928, when she began to get stabbing pains between the shoulder-blades and difficulty in swallowing solid food. Swallowing of fluids caused some discomfort but not obstruction. About the same time she developed an unproductive cough. This condition remained unchanged for about four months, during which time she lost two stone in weight.

On admission in January, 1929, she was rather pale and complained of shortness of breath on the least exertion. The liver edge could be felt about 2in. below the costal margin, and the spleen was also palpable. X-ray examination of the oesophagus and stomach showed no abnormality except the apparent difficulty of forcing the bolus of food into the pharynx. A blood examination showed:—Haemoglobin, 35 per cent. (Sahli); erythrocytes, 4,070,000 per c.mm.; colour index, 0.4; leucocytes, 2,860 per c.mm. The erythrocytes showed great pallor and slight polychromatophilia. Anisocytosis and some poikilocytosis were also present. The leucocytes appeared to be present in their normal relative numbers. The picture was that of a severe anaemia of a chlorotic type. She refused to remain in hospital, so further investigations could not be carried out.

7. A CASE OF SCURVY.

(*Under the care of Dr. de Crespigny, Honorary Physician.*)

J. H., male, *aet.* 62, had been living on Government rations for several months, not receiving any fresh fruit or vegetables. He had noticed pains in his legs and "blue" lumps had appeared on different parts of his body, such as his ankles and forearms. He had also noticed that he was becoming weaker and was short of breath on slight exertion. On admission his gums were tender and had a bluish discolouration about them. His few remaining teeth were carious and pyorrhoea was present. His skin was brown, pigmented, and spotted with darker areas resembling freckles. The dorsal surfaces of his hands were very deeply pigmented. On the ulnar surface of the left forearm, about 3in. above the wrist joint, there was an oval bluish tender area about 2in. x $\frac{3}{4}$ in. On the radial side there was a similar swelling about half an inch proximal to the wrist joint.

The left leg was swollen and somewhat oedematous about the ankle and on the posterior aspect of the thigh. On the inner side of the thigh near the knee-joint was a large patch resembling a bruise. There were some similar patches inferiorly to both malleoli. The whole of the inner and inferior aspect of the leg was discoloured a faint yellow. There was no fluid in any of the joints. Nothing abnormal was detected in his heart or lungs and his urine was normal. A diagnosis of scurvy was made and he was given a liberal diet with fresh vegetables and fruit juices. The swelling of the leg soon disappeared and he was discharged cured in about six weeks.

8. RUPTURED AORTIC ANEURYSM AND COLLAPSE OF THE LUNG.

(Under the care of Dr. Ray, Honorary Physician, and Dr. Scott, Honorary Surgeon.)

J. S., male, *aet.* 50, had been suffering from indigestion for several years. He used to get pains in the epigastrium two or three hours after meals, but he never vomited, although at times he felt nauseated. Nothing relieved the pain—it just passed away after one or two hours. He did not consult a doctor, but dieted himself. Apart from the indigestion he had always felt well and had been able to carry on his work as a coachbuilder without any difficulty. He had no cough, was never short of breath, and was not losing weight. About 3 p.m. on May 21st he suddenly got a severe pain in the epigastrium, but did not vomit. He felt very weak and went to bed. A doctor was called in, and the patient ordered into hospital with a diagnosis of ruptured peptic ulcer.

On admission, about 8 p.m., the thermometer would not register, his pulse rate was 102 and rather weak, and the respirations 24. He looked extremely pale as if he had suddenly lost a good deal of blood. He pointed to his mid-epigastrium as the site of the pain, and said the pain did not radiate at all. The muscles of the upper abdomen were rigid and there was extreme tenderness in the epigastric and hypochondriac regions. The liver dulness was not obliterated and there was no dulness in the flanks. The left side of the chest moved less than the right, and the percussion note was dull over the second to fifth ribs on the left side but resonant below the fifth rib. Breath sounds were absent over the left lung, as well as vocal fremitus and resonance. On the right side the breath sounds were normal. The apex beat could not be palpated, or heard with sufficient clearness to locate it. The cardiac dulness was obliterated by the general dulness over the left side of the chest. There was no cardiac dulness to the right of the sternum. The heart sounds were distant but clear. All the reflexes were present but sluggish. A diagnosis of spontaneous pneumothorax was made and the patient given morphia gr. $\frac{1}{4}$ and atropine gr. $\frac{1}{100}$ and a shock cradle applied. Next day his temperature gradually rose to 98° and his pulse rate slowed down to 84. He was in a good deal of respiratory distress and had an unproductive cough. He also complained of pains under the left costal margin, but said they were not so severe as on the previous day. The lung signs were unaltered except that the percussion note was dull all over the left side of the chest. His general condition gradually became worse, his temperature fell to 96°, his pulse rate remained at about 84, although the volume was diminished, and his respirations increased to 30. He died 36 hours after admission.

Autopsy No. 85/28 (H. G. Anderson).—The anterior part of the left pleural cavity was occupied by over a pint of clotted blood. Behind this the pleura was obliterated by adhesions, and behind these again there was at least another pint of clotted blood. Projecting into the upper part, near the apex, was a pale swelling with an ulcerated area. An aneurysm, the size of a man's fist, occupied the ascending part of the aorta and its arch. The apex of the left lung was adherent to this near the point of ulceration already mentioned. The lung itself was collapsed and deeply congested. The right lung was congested and oedematous. The heart was hypertrophied and dilated. The aortic cusps showed slight sclerosis and the aorta syphilitic aortitis. There was a small fibro-myoma in the wall of the stomach. There were no other lesions of moment.

Comment.—In this case the history of indigestion, extending over several years, and the sudden onset of acute pain in the epigastrium, with tenderness and rigidity of the upper abdomen, together with the condition of extreme shock suggested, at first, some acute upper abdominal condition, such as a ruptured peptic ulcer. Examination of the lungs, however, disclosed a spontaneous pneumothorax for which there was no obvious cause. Presumably what happened was that an aortic aneurysm which was adherent to the apex of the left lung in some way became detached from the lung, with the result that air escaped from the lung through the resulting opening, giving rise to the pneumothorax, and then blood leaked slowly out of the aneurysm until the pleural cavity was almost filled.

9. SACCULAR AORTIC ANEURYSM BULGING INTO THE TRACHEA—RESPIRATORY EMBARRASSMENT AND CARDIAC FAILURE.

(Under the care of Dr. F. S. Hone, Honorary Physician.)

C. Z., an Italian, *aet.* 46, was in good health until December, when he developed a cough and difficulty in getting his breath. At the same time his voice became husky. He could not lie down in bed, but had to sit up as he could then breathe more easily. Both the shortness of breath and the cough became worse, so that at the time of admission to hospital in March he was in great respiratory distress, with all the accessory muscles of respiration brought into play. His temperature was 98.2°, pulse 104, and respirations 24, and blood pressure 125/85. The percussion note was hyper-resonant over both lungs, expiration was prolonged, and there were numerous sonorous rhonchi in both lungs. The apex beat was in the fifth left interspace, 3½ in. from the midsternal line. There was no cardiac dulness to the right of the sternum and no abnormality could be detected in the heart sounds. He continued to be in a good deal of respiratory distress and died suddenly six days after admission.

Autopsy No. 54/28 (J. B. Cleland).—In the middle of the posterior aspect of the arch of the aorta and exactly opposite the bifurcation of the trachea was an aneurysmal sac 1½ in. in diameter and ½ in. deep. The sac itself was a little bigger than the opening into it, and it tended to bulge into the lower part of the trachea. It contained no clot. The rest of the aorta showed a good deal of scarring from syphilitic aortitis. The aortic valve was normal. There was moderate hypertrophy and dilatation of the left ventricle. The lungs did not collapse on opening the chest and there was some consolidation of the basal parts. There was a good deal of muco-pus at

the bifurcation of the trachea almost occluding the narrowed lumen. Some purulent bronchitis had developed. Death was attributed to respiratory embarrassment from the bulging of the small aneurysm into the trachea, together with cardiac failure, bronchitis, and pneumonia.

10. GUMMATOUS PERIAORTITIS WITH RUPTURE OF THE AORTA INTO THE OESOPHAGUS.

(*Under the care of Dr. de Crespigny, Honorary Physician.*)

M. C., female, *aet.* 70, was brought into hospital by her daughter, who said that the patient had suffered for many years with bronchitis and asthma. Three weeks before admission she had caught a cold and then went to bed. On the day previous to admission she had "coughed up" a lot of bright blood and had become very weak afterwards. On admission her temperature was 98°, pulse 100 (very weak), and respirations 23. She was conscious, but did not seem to understand what was said to her. Her nostrils and mouth were bloodstained. The apex beat was in the fifth left interspace 3½ in. from the midsternal line, but the sounds were obscured by a coarse pleural friction rub which could be heard all over the left side of the chest. The abdomen was flaccid, but no organs could be felt. There was some free fluid in the flanks. At 5 p.m. she had a profuse haematemesis, after which she collapsed and died.

Autopsy No. 88/28 (H. G. Anderson).—Syphilitic aortitis was present in the ascending aorta, which showed also extensive ulceration and necrosis extending up as far as the arch and into the commencement of the great vessels. On its external aspect the aorta was adherent by the arch to the upper part of the left lung. Ulceration had apparently taken place into the oesophagus, which contained a few clots of blood and showed a large ulcerated area on its anterior wall at the level of the bifurcation of the trachea. A mass of fibrosed tissue lay between the oesophagus, trachea, and aorta in this situation. The aortic cusps showed some sclerosis. There was dilatation of the right side of the heart. The stomach and intestines were full of blood. There were no other lesions of note. Microscopically the wall of the aorta showed much thickening, and in places there were a considerable number of plasma cells. These were present also in the periaortic tissue in which there was a necrosed area probably gummatous. There was much necrosis of the adjacent wall of the aorta itself, the cells failing to take the nuclear stain. The condition was considered as a gummatous periaortitis extending to the wall of the aorta itself.

11. TWO CASES OF CLIMATIC BUBO.

(*Under the care of Dr. F. S. Hone, Honorary Physician.*)

T. G. and W. B., two sailors, one Swedish and the other German by extraction, both in their twenties, were admitted each with a slight swinging temperature and a painful swelling in the left groin. In the case of W. B. the gland was extracted for observation and healed only with difficulty until exposed to the action of the sun—otherwise the course of the disease ran more or less parallel in both cases. The swellings occurred at about three or four weeks after possible sexual infection and were seen about two or three weeks after the onset of swelling. Except for some slight pallor and fancied loss of weight there were no other signs. The treatment given was in both cases protein shock, and this apparently led to a slow reduction in size of the glands. Both patients were discharged in about two

months. The glands appeared to be in size from about a pea to a walnut, were fairly discrete, but were attached to the underlying structures and to each other and were tender on pressure. In both cases a very slight balanitis was present. The gland excised from W. B. showed minute miliary abscesses with surrounding endothelial hyperplasia. Aspiration in both cases yielded an organism giving many of the reactions of *Staphylococcus epidermidis albus*, with the addition that deep pitting was caused in serum media, and in one case (W. B.) raffinose and salicin were slightly fermented. In neither case was there any history of any illness except constipation. In the case of T. G., however, there was a family history of syphilis, but in his case the Wassermann was negative. T. G. had first noticed the lumps in Brisbane, the last port of call before this being Batavia, and then Port Said. The previous movements of W. B. are not known.

12. A LARGE AMOEBIC ABSCESS OF THE LIVER AND AMOEBIC DYSENTERY CONTRACTED IN SOUTH AUSTRALIA.

(Under the care of Dr. de Crespigny, Honorary Physician.)

M. M., a male, *act.* 70, who had been born in Ireland and had resided for 48 years in this State, was admitted on November 6th suffering from diarrhoea, passing from seven to eight motions a day. He was put on sodium sulphate for two days and then on bismuth, but died six days after admission, and for two days previously had had moist sounds all over the chest and dullness at both bases. A dysenteric condition was not suspected. Death was thought to be due to secondary pneumonia.

Autopsy No. 207/28 (J. B. Cleland).—The lungs showed no pneumonia though some congestion, the right being somewhat compressed by a huge abscess in the dome of the liver, which was invading the diaphragm. The whole of the colon showed amoebic ulceration, the contents being slimy and dark. In the sigmoid flexure there were irregular ulcers somewhat undermined, the bases slightly yellowish and slimy, as well as a number of scattered small whitish specks of necrosis 2 or 3 mm. in diameter not yet ulcerated. In the ascending colon lesions were less advanced. The mucosa was thickly studded with yellowish patches of necrosis 2 or 3 mm. wide tending to run into each other to form ulcers. The liver weighed 6lbs. 7ozs. after the escape of much pus. A huge abscess was present in the right lobe along the diaphragmatic attachment. This contained probably about 2½ pints of a chocolate-coloured, rather mucoid pus. The abscess was about 7in. in diameter and its walls rather ragged and necrotic. In the right border of the right lobe was another abscess cavity 2½in. in diameter, the contents yellow and necrotic, apparently unconnected with the larger abscess. The other organs showed no special lesions.

Microscopically numbers of entamoebae could be seen in the sub-mucosa in the ulcerated portions. Examination of the contents of the intestine and of the liver abscess at the time of *post-mortem* examination failed to reveal the presence of entamoebae or their cysts, and cultures failed to detect any dysentery bacilli.

Comment.—The case is of interest as being an indigenous one of amoebic dysentery with liver abscess. It is also of interest in that the compression of the lung by the liver abscess gave rise to signs and symptoms interpreted as being pneumonic, whereas they were secondary to a huge abscess.

This is the sixth case of amoebic dysentery observed by me in which the origin of infection was in South Australia. They have all come from widely separated country districts.—(C. de C.).

13. ENDOTHELIOMA OF THE PERITONEUM.

(Under the care of Dr. de Crespigny, Honorary Physician, and Dr. Ray Hone, Honorary Physician.)

In January, 1928, L. C., a male, *aet.* 26, noticed a painless lump below his left ribs. Two weeks later he got intermittent dull pains across the upper part of his abdomen. The pains used to come and go without any apparent cause, and never at any time lasted very long. About the same time he noticed sharp pains beginning in the right lower portion of the abdomen and shooting towards the lower ribs on the right side. About the beginning of February he noticed that his abdomen had begun to swell, and the pains in the abdomen had become constant; a month later his feet and legs also began to swell. During the whole of this time his appetite had been good, but he was afraid to eat because of the full feeling caused in his stomach. His bowels had acted regularly, but he had frequency of micturition. He had never been ill previously, and had carried on his work as a farm labourer quite well.

When admitted on March 15th, his temperature was 98°, pulse 94, respirations 22. The right side of his chest, which was covered with dilated veins, moved less than the left, and the right intercostal spaces were bulging. The apex beat was in the fifth left interspace 4in. from the midsternal line. There was no cardiac dullness to the right of the sternum. The heart sounds were distant, but no bruits could be heard. Except for slight impairment of the percussion note up to the ninth rib posteriorly, nothing abnormal could be detected in the left lung. The percussion note was dull all over the right lung, the vocal fremitus and resonance were absent and the breath sounds distant. No adventitiae could be heard. The abdomen, on which were many distended veins, was large and globular, with the left side more prominent than the right. The percussion note was dull all over the abdomen, except for a small area of resonance just above the umbilicus. The skin of the abdomen was too tense to palpate any abnormalities that might be present beneath it. At the umbilicus was a small lump beneath the skin, in the left groin was another lump about the size of a pigeon's egg, and in both axillae were enlarged glands. Both legs were oedematous up to the knee. The urine contained no abnormal constituents. Paracentesis abdominis was performed, but after 160ozs. of straw-coloured fluid had been removed the patient began to get severe pains in the abdomen. A large, hard irregular mass could be felt in the left hypochondriac and lumbar regions, a smaller mass in the epigastrium, and another just below the umbilicus. The right side of the chest was later aspirated and 57ozs. of straw-coloured fluid withdrawn. A gland was excised from the left groin, and its histological picture resembled that of an endothelioma. The fluid in the chest and abdomen re-accumulated quickly, causing the patient a good deal of distress and requiring frequent aspirations. He died on May 12th.

Autopsy No. 79/28 (Dr. C. Hackett).—On opening the abdominal cavity a considerable quantity of straw-colored fluid escaped. The whole of the peritoneal cavity, together with the omentum, was extensively seeded with nodular growths varying in size from a few

mm. to 4 cm. The omentum thus formed a huge mass 6 in. across, lying obliquely in the abdomen. The seeding was most marked on the under surface of the diaphragm. The peritoneum over the small intestine was less heavily seeded, though it had many small growths about 3 mm. in size, many of them pedunculated. A haemorrhagic exudate covered part of the intestines. The mesentery showed heaviest seeding at the attachment to the bowel. The descending colon was fringed by a series of nodules on its inner side. The appendices epiplocae were all infiltrated. The lateral ligaments of the liver were invaded. The prostate was much enlarged with some infiltration and hyperplasia. The liver showed only a few small superficial deposits. A solid mass was invading the hilum of the spleen, and there was a small white nodule at the periphery of the spleen. The left pleural cavity contained two pints of blood-stained fluid. There were a few deposits on the left side. On the posterior wall on the right side neoplastic masses were firmly adherent to the chest wall connecting the lung to the parietes. The lung tissue itself seemed to show only a few nodules in the substance, most of the invasion being from the pleural aspect. The parietal pericardium showed nodular growths. In the left groin were subcutaneous nodules continuous with the peritoneal growths by way of the inguinal canal. A diagnosis was made of endothelioma with a huge retroperitoneal mass and very extensive invasion of the peritoneal cavity, omentum, mesentery, and right pleura, and with masses in the mediastinum, and the right lung encased in and compressed by the new growth. Microscopically (Dr. L. B. Bull) the growth consisted of masses of medium size spheroidal cells with oval and sometimes slightly bean-shaped nuclei, occupying spaces in the fibrous stroma. These spaces were often large. The majority of the cells, however, had an ill-defined protoplasm and dense small nucleus. In some places the large cells preponderated. A deposit invading the liver showed more clearly the conversion of the large cells into the small ones, representing a degenerative change with pyknosis of the nucleus. In some sections the arrangement of the tumour cells was peritheliomatous. There is little doubt that the tumour is an endothelioma.

14. CALCIFIED EMPYEMA.

(Under the care of Dr. Ray Hone, Honorary Physician. Reported by Dr. J. B. Cleland, Honorary Pathologist.)

During the course of an autopsy (No. 103/28) on an old man, R. M., *aet.* 72, who died on June 16th as a result of carcinoma of the head of the pancreas, a large calcified empyema was met with on the left side and a small one on the right. The patient had had excellent health until a few weeks before his death. He was said to have had a chancre 45 years previously, but the Wassermann reaction was negative. Occupying the lower part of the left pleural cavity from the fifth rib to the diaphragm and extending forwards to the anterior axillary line was a thick yellowish calcified plaque, half an inch in thickness, adherent to the parietal wall. A small patch 1½ in. in diameter was present also in the right pleura near the base and beside the vertebral column.

Comment.—The history obtained gives no clue as to when the patient had empyemata, which had thus become calcified. At one time, presumably, he had had lobar pneumonia with a tardy convalescence owing to the development of the two empyemata which escaped

detection. Eventually his temperature had reached normal and his general health had been restored. C. Gentz (*Acta Med. Scand.*, December 28th, 1928, p. 399, quoted in *British Medical Journal*, February 23rd, 1929, p. 29) describes two cases he has had and refers to the literature. He suggests that the calcification occurs in the adhesions, whereas we consider it takes place in unabsorbed inspissated pus. It may occur in tuberculous empyema as well as in non-tuberculous.

III.—SURGICAL CASES.

1. MULTIPLE PEDUNCULATED ADENOMATA OF THE STOMACH REMOVED BY OPERATION.

(Under the care of Dr. Cowan, Honorary Physician, and Dr. Corbin, Honorary Surgeon.)

E. C., a woman, *aet.* 69, on admission on July 8th, 1928, gave a history of a profuse haematemesis four days before. She had fainted at the time. Melaena had occurred on the day of admission. There was no past history of abdominal pain or indigestion. The patient had had enteric fever. If the patient over-exerted herself she suffered from breathlessness.

On examination the patient was found to be a deaf old lady in no distress. She was edentulous, and the tongue showed a heavy white fur. The heart was not enlarged, but there was a mitral systolic murmur which was conducted into the axilla. There was no abnormality on clinical examination of the abdomen, except that the liver edge came half an inch below the costal margin. There was no oedema of the extremities. A series of special examinations were carried out, and the findings were as follows:—

(1) *Blood Count*.—The appearances were suggestive of a recovery from an acute haemorrhage. There were no special features.

(2) *Radiographic Examination*.—The report was that the stomach emptied itself sluggishly and not completely in five hours. Refilling, a filling defect was seen in the gastric outline in the fundus near the greater curvature. The pylorus and duodenal bulb were not deformed. Diagnosis—Probably benign papillomatous or malignant growth in the stomach.

(3) *Gastric Juice*.—No free hydrochloric or lactic acids were present.

On August 1st the patient was seen by Dr. Corbin in consultation, and an exploratory operation was recommended. This was performed on the following day, and on the mucosa of the stomach were found numerous projections on short pedicles. As many as 10 were grouped together at one part. They were removed. On section they proved to be pedunculated adenomata.

The patient's convalescence was interrupted by the occurrence of a low-grade infection of the cellular tissues of the abdominal wall, but there were no further symptoms referable to the stomach. She was eventually discharged on October 14th.

The specimens removed consisted of three separate pieces of gastric mucosa, two of them 2in. long by 1in. wide, and the other 2in. by 2in. in size. Projecting from the slightly rough-looking gastric surface are knobby, roughly spherical projections up to half an inch in diameter, some sessile, some on peduncles of mucosa $\frac{3}{8}$ in. long.

The histological report by Dr. Bull on the adenomata was as follows:—Sections show projections of the mucous membrane. They do not take a papillomatous form, but are pedunculated adenomata.

2. FIBRO-SARCOMA OF THE BUTTOCK WITH METASTATIC DEPOSITS THROUGHOUT THE BODY.

(Under the care of Dr. Smeaton, Honorary Surgeon.)

I. M. (or M. F.) was first admitted on October 31st, 1917, under Dr. Cudmore, her age then being 36. She complained of a lump on the left side of the back, which she had first noticed three years previously, and which she thought had been caused by a fall. The lump was getting larger and painful, the pain being worse at night. She suffered from constipation. On examination, a large, hard swelling was found on the left side of the sacrum. The growth seemed incorporated with the bone, but the skin was movable over it. *Per rectum*, a projection forwards could be felt from the front of the sacrum situated more on the left side than on the right. On November 8th, Dr. Cudmore made an incision over the swelling, cutting through the superficial fascia and separating the fibres of the glutei muscles. The growth was then removed, necessitating the exposure of the posterior wall of the rectum. A drainage tube was inserted. The wound healed perfectly, no pain remained, and the patient could lie quite comfortably on her back when she was discharged on November 27th. Microscopic section of the growth was reported on by Dr. L. B. Bull as showing a fibro-sarcoma.

The patient was re-admitted on July 25th, 1927, with a history that there had been no recurrence of the growth for seven or eight years, but since then she had had three operations. The tumour had grown again after every one. She stated that the tumour had become black when it first appeared, and grew large, but that it had not been black since then. She had a scar in the left buttock and along the site of this were lumps varying in size from a pea to an egg, and over the great trochanter was a lump the size of a walnut. The skin over the lumps was not discoloured. The lumps were adherent to the skin and to the deeper structures, and were uniformly hard. An operation was performed, and the growths dissected out from the neighbouring structures. They were closely connected with the posterior wall of the rectum, were stony hard, irregular, and fixed to the surrounding structures, but with a definite outline. When cut into they were white and appeared almost cartilagenous. The patient was discharged on August 13th, the wound being nearly healed. She was re-admitted on October 17th, 1927, for enlargement and softening of a growth which had not been removed at the previous operation. It was found that on dissecting the growth out it had sent a prolongation down towards the femur. The softened area in it yielded blood-stained fluid. She was discharged again on October 30th.

She was re-admitted for the last time on March 26th, 1928, her age now being 47.

She now had a swelling on the left side of the buttock of eleven years' duration, and a swelling above the right eye, which had been present for four months. She had considerable pain, and the gluteal tumour had ulcerated, and was foul and bled at times. The swelling over the right eye was increasing in size, and she was unable to open the eyelids. She had had a swelling on the back of the head on the left side for two months. On examination a tumour was present over the left parietal bone. Its surface was ulcerated, and

covered an area about three-quarters of an inch square. It was not fixed to the skull. An irregular tumour (2in. by 3in.) was present over the right frontal bone. The right eye was pushed forward, the right eyelid reddened and closed. This tumour involved the orbit below, but was free above. There was no ulceration. Sight in the right eye had been lost. A third swelling was detected on the upper and posterior aspect of the left thigh. Its surface was ulcerated and foul, and the base was fixed. After admission the patient became progressively worse, and died on April 1st.

Autopsy No. 71/28 (J. B. Cleland).—There was a huge bed sore over the left buttock, beneath which was an extensive hard growth the size of an infant's head. Several incisions, with metastases in them, had been made in the neighbourhood of the growth. The left lung was collapsed and functionless, and its surface festooned with rough secondary nodules with about three pints of fluid in the pleural cavity. There was about half a pint of fluid in the right pleural cavity, and the right lung showed numerous plaque-like deposits on its surface. The right eighth rib was infiltrated by a pleural growth. There was a deposit in the right frontal bone which had destroyed the whole of the bone, and had become adherent to the dura mater. This was just commencing to invade the brain, which was pushed aside. There was another growth in the scalp over the external occipital protuberance. The lower part of the pelvis was invaded and partly closed by malignant infiltration from the growth in the buttock. There was a single small plaque about 5 mm. in diameter on the serous coat of the small intestine 18in. from the caecum. The vast mass in the right buttock was infiltrated with pus and extending through into the pelvis. There were several small fibromyomata in the uterus. In the left ovary was a slightly loculated cyst the size of a duck's egg containing thick greyish-yellow pus. There was a white speck in one kidney. The right suprarenal was haemorrhagic. The spleen weighed 15½ozs., was about three times the normal size, dark red, moderately firm, and rather glazed looking. The bone marrow of both femora, especially the left, was reddish.

A post-mortem blood film showed slight pallor and anisocytosis and evidence of some increase of myeloid activity. No abnormality was detected in the film from the bone marrow.

Microscopic examination (Dr. L. B. Bull).—Sections of the primary tumour show a fibro-sarcoma invading muscle tissue. There is much collagen formation separating the tumour cells, which in some places are squeezed into long attenuated forms which may branch. In the recurrence and deposits the same tendency to collagen formation is seen. There is much tendency to necrosis, only those tumour cells in close contact with the blood vessels remaining alive. The necrosis is preceded by a hyaline change. At the growing edge the tumour cells are more spheroidal, but soon become surrounded and cut off by collagen material.

3. A CASE OF EMPHYSEMATOUS CYSTITIS.

(Under the care of Dr. Smeaton, Honorary Surgeon.)

G. S., a male, *aet.* 81, was admitted after an accident some hours before. No history relating to his urinary condition was available. The routine clinical examination revealed the following abnormal conditions:—

(1) The patient was semi-conscious, and there was an asymmetry of the face pointing to a right-sided facial palsy. A double extensor

response was elicited to plantar stimulation. No other signs relating to the nervous system were found.

(2) A lacerated wound above the right eye. Abrasions of both hands and wrists.

(3) No abdominal tumour at the site of the bladder was felt.

(4) The urine showed no abnormality chemically.

The patient's progress was as follows:—

Second Day.—The patient was more conscious, and no fresh neurological signs had developed. An overflow incontinence of urine was discovered. Regular catheterization was commenced.

Fifth Day.—Until now the general improvement had continued.

Sixth Day.—The patient collapsed suddenly. He became cyanosed, and the whole body surface was cold and clammy. The pulse rate was accelerated, and the respiration was irregular, deep, and slow. The lungs showed no abnormality. General stimulating treatment was instituted.

Seventh Day.—The patient rallied from his collapse, but the amount of urine secreted was greatly diminished. Hot applications to the loins were ordered.

Ninth Day.—There had been an increase in the amount of urine secreted, but the patient passed it under him, and so the amount could not be checked.

Twelfth Day.—The patient was more difficult to manage, and resisted catheterization.

Fifteenth Day.—There had been a general and progressive decline in the condition of the patient. He had now become definitely uraemic. There was suppression of urine. Late on this day the patient became rapidly worse, and a further attempt was made to catheterize him. When the catheter entered the bladder a few drops of blood-stained fluid was violently forced out to the accompaniment of a hissing sound. The vesical distension which had been noticed disappeared. The patient died on the same day.

Autopsy No. 37/28 (J. G. Sleeman).—There was no evidence of fracture of the skull. There was a small amount of old clotted blood in the right middle fossa. The kidneys were rather soft and flabby. The bladder was distended with gas, which escaped on puncturing the bladder wall. The wall of the bladder was intensely congested, and in places ecchymotic and lined with numerous bubbles of gas. The prostate was enlarged, more particularly in the lateral lobes, and on section was very hard. Almost over the right side of the brim of the pelvis, in front of the psoas muscle and behind the peritoneum, was an irregular cyst about 3in. or 4in. long and 1½in. wide containing a mucinous fluid. This was not connected with the ureter. Microscopically sections showed a carcinoma of the prostate with widely-infiltrating spheroidal cells. The retroperitoneal cyst (Hosp. Mus., No. 2605) contained thick mucin. Its lining cells had disappeared.

Comment.—The formation of gas in the bladder apparently commenced during life, as it was noticed that air escaped on catheterization. Evidently organisms had been introduced by the catheter which were responsible for the formation of gas.

4. CELLULITIS OF THE FACE AND MENINGITIS FOLLOWING A SUPPOSED SPIDER BITE.

(Under the care of Sir Henry Newland, Honorary Surgeon.)

C. J., a laborer, *aet.* 27, was admitted complaining of swelling and pain on the left side of the face and forehead present for two days. He stated that four days previously he had been bitten on the face by a spider, and that the site of the bite had become abraded. Two days later redness, pain, and swelling started in the neighbourhood of the abrasion, and spread rapidly. The pain was now more intense, and he felt ill in himself.

On examination the patient manifested the usual constitutional signs of an acute infection with the temperature at 104.6° . There was very considerable redness over the left half of the forehead, involving the orbital tissues and spreading to below the malar bone. The eyelids were greatly swollen, and completely closed. The whole area was oedematous, hot and tender, and the skin very glossy. Over the malar region the original abrasion could be recognized. In the urine albumen, sugar, and diacetic acid were found.

On the day of admission multiple incisions were made into the inflamed area, hot fomentations applied at half-hourly intervals, and 60 c.c. of antistreptococcal serum were administered. Further incisions were made on the following day, and numerous pustules which had developed over the area were scraped and cauterized with carbolic acid. In the frontal region the condition had spread to involve the right eyelid. The patient complained of stiffness in the neck, and pain in the right side of the chest. A further 60 c.c. of serum was given. Next day the patient died.

Autopsy No. 33/28 (H. G. Anderson).—There was oedema of the eyelids, in the right temporo-malar region a wound from which pus oozed up on pressure, and cellulitis of the face, more marked on the left side than on the right. A number of incisions had been made. The scalp was oedematous. Some incisions into it showed pus in their depths. There was pus present at the base of the brain and over the anterior part of the cerebellum. The frontal lobes were more or less adherent by what appeared to be an inflammatory reaction. The brain otherwise was slightly oedematous and congested. The ventricles were not enlarged. There was no sign of thrombosis in the cavernous sinus or other sinuses in the brain. The viscera showed cloudy swelling. *Staphylococcus aureus* was grown from blood in the heart, a pustule on the forehead, the tissues of the neck and scalp, the base of the brain, and the spleen. One cubic centimetre of an emulsion of this organism recovered from the brain was inoculated subcutaneously into a guinea pig. After five days an abscess formed locally. The death of the patient was attributed to the cellulitis of the face followed by meningitis.

Comment.—The patient was supposed to have been bitten by a spider. It is quite likely that this was a misinterpretation. The condition from which he died was not in any way due to the effects of the venom of a spider, but clearly an infection with *S. aureus*. It is possible that tissues injured by the venom of a spider (if the patient had been so “bitten”) might be more prone to become infected with *S. aureus*, and might give this organism a better chance of establishing itself firmly.

IV.—OBSTETRICAL AND GYNAECOLOGICAL CASES.

1. NECROSING FIBROMYOMATA OF THE UTERUS PROTRUDING INTO THE BLADDER.

(Under the care of Dr. W. A. Verco, *Honorary Gynaecologist.*)

R. M., a married woman, *aet.* 52, had felt vaguely ill three weeks before admission. Three days previously she had noticed pain in the lower part of the abdomen, which had been present continually, but had become worse on the day of admission. Since the onset of the illness she had vomited several times, and had had two shivering attacks. She had lost weight, but for the last two days she thought she had been distended. The menopause had been reached two years ago. No other gynaecological points of importance were elicited. She had been constipated. Examination showed a slightly icteric tinge of the skin; the temperature was 99°; the pulse rate 148, and the respiratory rate 28. There were crepitations at the bases of both lungs. The abdomen was protuberant, and a swelling was present in the lower quadrants, especially on the right side. This swelling gave the impression of being cystic, and over it the percussion note was dull. On pelvic examination, masses, apparently cystic in nature, were felt in both fornices. They appeared to be continuous with the abdominal tumour. The abdomen was opened and pockets of pus were found in numerous places in the abdominal cavity. The intestines were matted together. A large fibroid was present in the uterus. There were evidences of degeneration in this tumour. A drainage tube was inserted, but the patient did not rally, and died on the following day.

Autopsy No. 56/28 (J. B. Cleland).—There was an intramural fibromyoma in the posterior wall of the uterus. In the anterior wall were the remains of a large infected fibromyoma which had grown into the posterior wall of the bladder. This growth had been nearly as large as a closed fist, and had at one time nearly filled the bladder and then had undergone infection and necrotic softening. There was now a large sloughy purulent mass in the bladder. The walls of the bladder were hypertrophied, necrotic, and infiltrated with pus. The summit of the bladder had given way and part of the necrotic mass had protruded. This had given rise to a general peritonitis with coils of distended intestine and a considerable amount of purulent fluid. In the outer part of the left broad ligament was a walnut-sized degenerated wandering fibromyoma.

2. B. WELCHII INFECTION OF THE UTERUS AFTER ABORTION.

(Reported by Dr. J. B. Cleland, *Honorary Pathologist.*)

G. G., a married woman, *aet.* 33, was admitted under Dr. de Crespigny at midnight on October 21st and died a few minutes after admission. She was comatose and jaundiced and had a conjunctival haemorrhage on the right side and was also very distended. The history was that the patient had been ill for one day. She had had a fall four days previously, after which she had been all right for some time, but then had pain in the stomach and had passed some blood *per vaginam*. She was thought to be three months' pregnant, but had another infant who was only six months old. The patient died before anything could be done. The House Surgeon, thinking

the case over afterwards, and having in mind previous examples of gas bacillus infection after abortion recorded from this hospital, thought that the case might be of this nature. The autopsy (No. 193/28) was commenced nine hours after the patient's death. The weather was mild but not warm. The body had not been put in the cool chamber of the mortuary because it was said the abdomen was too distended when the body was brought down to allow it to enter the shelf. At the *post-mortem* the body was a ghastly sight. The distension was enormous, the abdomen being exceedingly tense and blown up and both breasts were conical and prominent from gas accumulation in them. The body was discoloured with reddish and yellow tints. The stomach contents had been forced out of the mouth and the right eye showed subconjunctival effusion. On incision, gas escaped from the fatty tissue in front of the chest and burnt readily with a blue flame as it escaped from the fatty mesh-work. When the abdomen was incised gas escaped with great force and a loud noise—fortunately no match had been applied. The coils of intestine were dark and discoloured and several coils of small intestine had a red roughened surface where they had been in contact with the uterus. The anterior wall of the uterus was disintegrated and a handful of dark degenerated tissue and blood clot was scooped out without making any incision. Examination of this later showed degenerated chorionic villi and a small, somewhat shrunk foetus about 2in. long. The left Fallopian tube, broad ligament, and ovary showed haemorrhagic extravasations. The liver was of a dingy chocolate colour and quite pultaceous. The spleen was dark red and nearly diffuent, and weighed $4\frac{1}{2}$ ozs. In the general mess the suprarenals could not be detected. The kidneys were somewhat rough externally, large, weighing 6ozs. and 7ozs. respectively, and showed a nearly black cortex and a red medulla. Examination of the cervix uteri showed no evidence of injury. Death was attributed to the toxæmia and destruction of red cells by a post-abortion infection with *B. Welchii*. This was confirmed by smears and cultures. Smears of the liver and lung showed numerous large gram positive capsulated bacilli resembling *B. Welchii*. Apparently pure cultures of *B. Welchii* were obtained from the lungs, liver, and uterus. These were saccharolytic in cooked meat medium, gave a stormy clot in milk, and gave rise to a somewhat sour smell.

Comment.—The case is typical of *B. Welchii* infection after abortion. How the abortion had arisen has not been ascertained in most of such cases that have come under our notice. Presumably it is not natural and has been induced by the introduction of something into the pregnant uterus. In this case the symptoms were characteristic. The patient felt a little uncomfortable on the Saturday afternoon. On the Sunday she apparently became definitely ill, but not sufficiently so to make them anxious until about 5 o'clock. Thereafter signs rapidly developed, and the patient was jaundiced and comatose when admitted to the hospital at midnight. The jaundice was probably to be attributed to the rapid blood destruction by the *B. Welchii* toxin, which would also account for the black kidneys. Rapid disintegration of the uterine wall had taken place, and it seems probable that gas had accumulated in the peritoneal cavity before the patient's death. In the short period after death and before the *post-mortem*, the *ante-mortem* changes had been accentuated with the result detailed.

V.—PATHOLOGICAL LESIONS.

1. FATAL GANGRENE OF THE GUMS, FOLLOWING
EXTRACTION OF TEETH FOR PYORRHOEA.

(Under the care of Dr. F. S. Hone, Honorary Physician. Reported
by J. B. Cleland, Honorary Pathologist.)

A. G., a male, *act.* 54, was admitted on December 12th in a dying condition, with a sloughing ulcerative condition extending round the gums on both sides where teeth had been recently extracted. The history given was that three weeks previously he had had influenza. Previous to this the condition of pyorrhoea had led to his attending the Dental Department, and he had been advised to have his teeth removed. During his convalescence and a week before his death the teeth were extracted at the Dental Hospital, and the case treated in the usual way. The following report has been obtained as to the measures taken at the Dental Hospital:—

“The patient was examined on October 30th, his mouth being in a very septic condition. Several lower incisors were removed on account of marked looseness. A month later a clearance was made under a general anaesthetic. His mouth, before this operation, was still in an unhygienic condition, although it is a routine matter to instruct patients to attend to their oral and dental condition prior to complete edentulation. “Dakamin” tablets are generally supplied to the patient for this purpose. Although this patient’s mouth was still in an unhealthy condition at the time of removal of the teeth, it was felt that their extraction would improve his oral and general condition.”

On admission his temperature was 98.4°, but the patient was much collapsed and very toxæmic, and died only a few hours after admission.

Autopsy No. 226/28.—The body was that of an elderly man without any arcus senilis. Both jaws showed grey necrotic tissue along the edges of the gums, indicating where the teeth had been extracted. Bare bone could be felt in places exposed at the bottom of the sloughs. A membranous exudate extended on to the palate and uvula, which parts were swollen and congested. There was some membranous exudate on the tonsils, though these were not swollen, and a similar exudate could be peeled off the pharynx and extended into the commencement of the oesophagus. The epiglottis was swollen, and had some loose membrane round its base. The arytenoids were also swollen, and the mucous membrane of the trachea was grey. The lungs were oedematous, their bases somewhat congested. The bronchi seemed thickened and congested as from old bronchitis. No actual condolidation could be felt, but microscopically alveoli filled with polymorphs were present, and in the centre of these areas were cocci-like masses. Pyaemic pneumonia was commencing. The liver was much enlarged from cloudy swelling, and weighed 93ozs. The spleen weighed 15½ozs. No growth was obtained from the spleen or kidneys. From the gums *Staphylococcus aureus* and a few colonies of streptococci, forming a green zone, were obtained. These were also present in the pharynx and in the lower lobe of the left lung. The streptococci gave an acid reaction with lactose, salicin, saccharose, inulin, and raffinose, and no reaction with mannite.

Comment.—Considering the variety of organisms present on the gums in cases of pyorrhoea, it is remarkable that so few cases of sepsis follow extraction. In the present case two factors may have contributed to the fatal issue. The supposed influenzal condition three weeks previously may have debilitated the patient—it is well known that *S. aureus* and streptococci may obtain a hold in influenzal patients, giving rise to broncho-pneumonia. On the other hand, it is possible that the influenzal-like condition was an expression of the absorption of toxins from the pyorrhoea. The second factor that may have been of importance was the presence of *S. aureus*. A virulent type of this organism present in the original pyorrhoea may have led to its establishing itself in the tissues when injured by tooth extraction, giving rise eventually to a pyaemic condition.

2. MITOSES IN LIVER CELLS ASSOCIATED WITH PLUGGING OF PORTAL BRANCHES BY CARCINOMATOUS CELLS.

(Reported by Dr. J. B. Cleland, Honorary Pathologist.)

The following case is of considerable interest in that it shows active multiplication of hepatic cells, a condition which is not often met with in the adult unless accompanied with destruction of liver cells, as in some cases of subacute yellow atrophy and nodular hyperplasia in cirrhosis of the liver.

In the case before us there does not seem to have been any special destruction of liver substance, but there had been an extensive blocking of the portal blood by what one might call a portal carcinaemia. Sections show many of the small branches of the portal vein quite plugged with spheroidal cancer cells, probably derived from the growth in the bladder. The nutrition of the liver cells had not suffered, the hepatic artery supplying this need. Portal blood had, however, in part been prevented from reaching the liver cells, and so had not been subjected to the changes of detoxication, &c., that it should go through before it entered the general circulation again. This defect may be looked upon, metaphorically speaking, as being attributed by the body as a whole to there being an insufficiency of hepatic cells to carry on the necessary work, so that a stimulus is sent to the cells of the liver causing them to undergo division to make up for the supposed deficiency in their number. This would be an example of hypertrophy required to do more work rather than one due to destruction of cells and a compensatory effort to make up for the loss.

H. J. S., a male, *aet* 79, was admitted under Dr. Scott on March 3rd, 1928, and died on the 17th. There had been a history of frequency and haematuria for two months. A malignant growth near the prostate was diagnosed. The patient rapidly sank, and three days before death became uraemic with urinary breath and diminished urinary output, and became irrational and died in coma.

At the autopsy (No. 53/28) a papillomatous growth was found obstructing the left ureteric orifice leading to distension of the corresponding kidney. On microscopic section the growth was found invading the tissues as well as projecting in papillomatous fashion. The kidneys showed chronic interstitial nephritis with several cysts.

There was a retroperitoneal abscess in front of the sacrum, just above the promontory on the right side. There was syphilitic disease of the aorta. The liver weighed 50ozs. Irregularly scattered over it were yellowish patches more friable than elsewhere. On the anterior surface of the right lobe was a smooth fissure with, at the bottom, a round yellowish fibrotic patch, probably an absorbed gumma, which view was supported by microscopic examination. There were also three small nodules, in size from a millet seed to a grain of wheat, which had caused some puckering. Microscopic examination of the liver showed on sections from several parts that many of the liver cells had nuclei which were unduly large and in which the chromatin stained deeply, some of the cells having two or three nuclei. Cells in mitosis were readily found, those cells with two nuclei being probably instances in which division of the nucleus had just occurred. This mitotic activity was found in places far removed from fibrosis as from the supposed old gummatous area.

3. TWO CASES OF AMYLOID NEPHRITIS.

Amyloid disease in Australia is of rare occurrence. This has always been the case, even a generation back when this condition was common in the Old Country. During the year two cases were met with and these are here summarised briefly. They both occurred in patients who suffered from tuberculosis.

Case I.—P. M., a male, *aet.* 48, said that although he always felt “run down,” he could do his work as a hawker until 12 months ago. He then developed a dull pain and flatulence in his stomach two hours after meals. The pain would be relieved by taking more food or medicine. About the same time he became short of breath. He continued on in this way for 11 months, when he began to vomit dark watery material nearly every night. His bowels were constipated and he had frequency of micturition for years, having to get up three or four times at night. Lately the volume of urine passed had been much less than formerly. He had had hip trouble five and a half years ago and dropsy three years previously and again a year ago.

He was a well nourished man in some respiratory distress. His face was a brownish-yellow colour. Nothing abnormal was detected in his heart and except for an occasional rhonchus his lungs were clear. The abdomen was distended and tender all over, especially under the right costal margin, but there was no rigidity. The liver edge could be felt 2in. below the costal margin. The kidneys and spleen were not palpable. There was some scoliosis to the right and also lordosis. An old scar from a *fistula in ano* was present. The left hip was ankylosed in a position of acute adduction. There were three scars over the outer side of the hip joint. The urine contained much albumen. He gradually became weaker and died two days after admission.

Autopsy No. 58/28 (J. B. Cleland).—There was an ankylosed hip probably from old tuberculous trouble with kyphosis and lordosis with scarring and small caseous foci at the apex of the left lung. The right base showed hypostatic pneumonia. The liver was rather large, weighing 68½ozs., and showed microscopically no evidence of amyloid disease. The spleen weighed 5½ozs. and was fairly dark in colour and about normal in texture. In the kidneys the peripheral

cortex was much reduced, being about only 2 or 3 mm. thick; the capsules peeled imperfectly, leaving a mottled buff red-coloured surface, giving a flea-bitten appearance; the interpyramidal cortex was apparently swollen and increased in amount; the cortex in general was pale yellow, the medulla pale red. Microscopical examination of the kidneys showed that nearly every glomerulus had its capillaries almost or quite obliterated by amyloid deposits. These presented a typical appearance with gentian violet. The renal substance between the glomeruli showed much cellular interstitial fibrosis with some dilated tubules. The small arteries were thickened.

Case II.—T. F., a male, *aet.* 29, was treated in a sanatorium in 1924 for pulmonary tuberculosis. After leaving the sanatorium he felt well until the middle of March, 1928, when he got pains in both sides of the back just below the ribs. He noticed that he passed much less urine at this time and also that his urine was cloudy. About the end of April his legs and arms swelled and his stomach became distended. On examination at this time, both lungs were found to be extensively involved and his sputum contained numerous tubercle bacilli. His abdomen was tensely distended and there was moveable dullness in the flanks. Both feet were swollen up to the knees and the urine contained much albumen. Microscopically the urine contained granular and hyaline casts, but no tubercle bacilli. The blood urea nitrogen was 15.3 mgms. per 100 c.c. He voided on an average 18ozs. of urine in the 24 hours. The oedema steadily increased, and he died on June 10th.

Autopsy No. 98/28 (J. B. Cleland).—The lungs showed extensive pulmonary tuberculosis with cavitation and fibrosis. There was not much evidence of active tuberculosis, but a good deal of fibrosis and the cavities were smooth-lined. The liver was a little large, but about normal in colour and texture. No amyloid reaction with iodine was detected in it at the *post-mortem*. The spleen was about twice the normal size, firm and rather dark red with the Malpighian bodies not clearly recognisable. It showed microscopically a diffuse amyloid change throughout the pulp, the Malpighian bodies escaping. The kidneys were enlarged, the capsules peeling and leaving a yellow surface speckled with red dots. The cortex was considerably swollen, yellow, and glistening, and imperfectly demarcated from the medulla, which was rather congested. There was a typical amyloid change in the capillaries of the glomeruli and in the afferent vessels. A number of hyaline casts were present in the tubules. The basement membrane of some tubules showed extensive amyloid change. There were a few early tuberculous ulcers in the intestine showing an amyloid change in the arterioles near them.

4. UNSUSPECTED NECROTIC PROCTITIS.

(*Reported by Dr. Cleland, Honorary Pathologist.*)

An old man, J. N., *aet.* 65, was admitted under Dr. Cowan on September 11th and died eight days later. He was mentally weak and unable to give a history. There was great wasting and signs were present at the bases of both lungs. He had vomited. The Wassermann reaction was negative.

At the autopsy (No. 168/28) an area of infective broncho-pneumonia with small abscess cavities was found in the upper lobe of the right lung, the area being somewhat wedge-shaped in appearance. In the

stomach was found a scirrhus carcinoma of the pyloric region, plaque-like in appearance, and 2in. long, which had not given rise to any obstruction, but was probably responsible for the vomiting and the wasting. Microscopically it was becoming colloid. Quite unsuspected in the rectum there were found extensive areas of yellowish necrosed tissue. Microscopically the whole of the mucosa was necrosed with loss of nuclei down to the muscular coat. At the anal orifice there were two or three piles and near them was a small necrosed patch. One and a half inches above this there was a transverse band of necrosis a quarter of an inch wide. Above this again was an isolated rounded patch the size of a shilling and 2in. higher again, a fold in the wall where a band of necrosis 2½in. wide encircled the gut. The edges of the necrosed areas were sharply defined, a little raised and tended to separate. The sigmoid colon above was quite free from any lesion.

Comment.—These extensive patches of necrosis in the rectum were quite unsuspected. Whatever the destructive agent was it had led to a necrosis which was complete and extended deeply. It was too deep for an early bacillary dysenteric necrosis and was not a chronic one. A diphtheritic ulceration was thought of, but diphtheria bacilli could not be grown from the lesion. Trauma could hardly be responsible for the condition—it is hardly possible that an enema could be administered hot enough to scald the tissues. The appearances were like those seen with a *B. Welchii* toxin, but there seems no explanation of the very patchy nature of the condition.

5. INFARCTS IN BOTH TESTES IN A CASE OF MITRAL STENOSIS WITH PERICARDIAL ADHESIONS.

(Under the care of Dr. Cowan, Honorary Physician. Reported by Dr. Cleland, Honorary Pathologist.)

A surprise during the *post-mortem* examination (No. 177/28—J. B. Cleland) on a youngish man, A. P., *aet.* 29, who had been admitted on July 23rd and had died on October 1st, was the finding of a recent infarction of the right testis, which was somewhat swollen and showed in its centre a dark area half an inch in diameter containing dark treacle-like blood. The left testis was atrophied and shrunk with the pale remains of an old infarct. No clot was noted in the right spermatic vein. The patient was said to have had rheumatic fever at the age of 4, and at 10 “chronic nephritis” was diagnosed. The heart at the *post-mortem* examination was enormous, weighing 33½ozs. There were numerous pericardial and pleuritic adhesions. The mitral orifice was rather funnel-shaped, but not very rigid. The aortic cusps were a little thickened and flabby, but not distorted. The kidneys weighed 5¼ozs. and 4½ozs. respectively and showed a reddish granular surface with the cortex considerably reduced. Microscopically there was considerable interstitial increase. The lungs showed typical brown induration, with some organising hypostatic pneumonia and considerable pigment.

Comment.—Infarctions in the testes must be very rare. The condition was not recognised during life and the patient apparently had not suffered much from the lesions as he had not called attention to their presence.

VI.—SYPHILITIC LESIONS AS MET WITH AT POST-MORTEM EXAMINATIONS.

(By J. B. Cleland, M.D., Honorary Pathologist.)

At a meeting of the South Australian Branch of the British Medical Association, held on February 23rd, 1928, a paper was contributed by the writer on the lesions of syphilis met with in the post-mortem room. This was afterwards published in the *Medical Journal of Australia* (March 31st, 1928, p. 399). The information supplied was based on 1,600 *post-mortem* examinations carried out at the Adelaide Hospital between the beginning of 1920 and the end of 1927, and 45 autopsies at the Mental Hospital during the same period. As the tabulated data of these autopsies have not been published, they are here printed so as to show each syphilitic lesion with the other lesions accompanying it, whether these were of syphilitic origin or not.

Summary of Syphilitic Lesions and their Accompaniments.

A. IN 1,600 AUTOPSIES AT THE ADELAIDE HOSPITAL. SYPHILITIC AORTITIS.

- 192/23, F., 55.—Red punctate spots in brain (? softening). *Syphilitic aortitis, thickning at bifurcation.* Fibrosis of lungs.
- 19/22, M., 57.—Chronic interstitial nephritis. Hypertrophied heart. *Syphilitic aortitis.* Scar in liver. Syphilitic ulceration of skin.
- 76/22, M., 61.—Carcinoma of oesphagus. Empyema. Pericarditis. *Marked atheroma (? syphilitic).*
- 114/23, M., 50.—Organised broncho-pneumonia, bronchitis. *Syphilitic aortitis (?).* Large firm spleen.
- 16/25, M., 67.—Locomotor ataxy. Charcot's wrist. *Syphilitic aortitis (probably) and atheroma, some dilatation of aorta.* Cystitis, pyelitis, and some renal fibrosis.
- 156/23, M., 49.—*Syphilitic aortitis. Cardias hypertrophy and dilatation.* Small nodules (specks) in liver.
- 97/23, M., 67.—*Syphilitic aortitis.* Stenosis of coronary. Fibrosis of pylorus. Pulmonary oedema.
- 5/24, M., 40.—Cerebral haemorrhage. *Syphilitic aortitis (?).* Hypertrophy of left ventricle. Kidneys normal.
- 219/24, M., 80.—Purulent pericarditis. Hypertrophied and dilated heart. Chronic venous congestion. *Syphilitic aortitis.*
- 152/25, M., 67.—Pyorrhoea. Gangrene of lips. *Syphilitic aortitis and atheroma with dilatation of aortic ring and aorta.* Hypertrophy and dilatation of heart. Chronic venous congestion. Death due to heart failure and toxic absorption.
- 175/25, M., 60.—*Syphilitic aortitis.* Advanced atheroma. *Dilatation of aortic ring.* Much hypertrophy of left ventricle. Chronic venous congestion. Some renal fibrosis.
- 193/25, F., 63.—Diabetes, pancreas small, fatty. Gangrene. Empyema of gall bladder. Very large kidneys. Intestinal adhesions. Atheroma of Circle of Willis. *Atheroma and syphilitic aortitis, etc.*

- 17/26, M., 68.—Pulmonary embolism following cystotomy for urethral stricture. Fatty infiltration of heart. Atheroma and *syphilitic aortitis*. Small abscess outside sigmoid.
- 232/25, M., 61.—Ununited fracture of neck of femur. Melaena and distension of colon (? cause of bleeding). Some interstitial nephritis. Gallstones. Cause of death doubtful. Wassermann positive. *Slight syphilitic aortitis*. Scar of duodenal ulcer.
- 209/26, M., 63.—Squamous epithelioma of oesophagus with stricture, malignant glands, deposit in scapula. Slight hypertrophy of pylorus (? achalasia—gastro-enterostomy done). Distension of large gut. Deposit in heart muscle with vegetation. *Syphilitic aortitis*. Inspissated bile-pigment calculi. ? Small deposits in kidneys.
- 39/27, M., 73.—Emphysema and carnification of lungs. *Dilatation of the aorta*, general atheroma and *syphilitic aortitis*. Blood clot in aorta. Small areas of traumatic (?) atrophy of the brain. Early peritonitis. Biliary calculi. Marginal inflammation of eyelids.
- 111/27, M., 58.—Acute enteritis. *Syphilitic aortitis*, atheroma. Atheroma of vessels at base of brain. Fibrosis of testes. Atrophy of optic nerves. Small adenomata of prostate with hypertrophy of bladder and dilatation of ureters.

SYPHILITIC AORTITIS AND SYPHILITIC DISEASE OF THE AORTIC VALVE.

- 82/21, M., 53.—*Aortic valvular disease. Syphilitic aortitis*. Hypostatic pneumonia.
- 200/21, F., 36.—*Aortitis and periaortitis (probably syphilitic)*. Vegetations on aorta. *Syphilitic disease of aortic valve*. Large spleen. Nutmeg liver. Slight pulmonary tuberculosis.
- 37/23, M., 65.—*Syphilitic aortitis and atheroma. Syphilitic aortic valves. Hypertrophied and dilated left heart*. Oedema. Pleural effusion. A.m. clot in right auricle.
- 51/24, M., 70.—*Syphilitic aortitis and atheroma, some dilatation of aorta*. Carcinoma of stomach. Arterio-sclerotic kidneys.
- 204/25, M., 54.—*Syphilitic aortitis and atheroma. Syphilitic disease of aortic valve and regurgitation*. Hypertrophied and dilated heart. Brown induration of lungs. Chronic venous congestion of liver. Very large spleen. Cyanotic induration of kidneys. Heart failure.
- 154/26, M., 45.—*Syphilitic aortitis extending to aortic cusps (moderately thickened)*. Great cardiac hypertrophy and dilatation. Sudden death (? coronary block). Old infarcts (?) of lung. Chronic venous congestion of liver, spleen, and kidneys. Arrested double apical pulmonary tuberculosis.

- 196/26, F., 47.—*Synechia pericardii* (easily separated). *Syphilitic aortitis and disease of aortic valve*. Hypertrophied and dilated heart. Chronic venous congestion. Fatty infiltration of liver. Brown induration and compression of one lung (50ozs. pleural fluid).
- 152/27, M., 57.—*Syphilitic aortitis and disease of aortic valve with some incompetence*. Pernicious anaemia, haemosiderin liver. Oedema of lungs. (Wassermann positive.)
- 178/27, M., 58.—*Syphilitic aortitis and disease of aortic valve*. Atheroma. Dilated and hypertrophied heart. A.m. clot in right auricular appendix. Hydrothorax, ascites, and chronic venous congestion. (Wassermann positive.)
- 180/27, F., 69.—Atheroma of aorta. *Dilatation of first part and sclerosis of aortic valve*. (? *syphilitic aortitis*). Hypertrophy and dilatation of the heart. Chronic venous congestion of liver. Some reduction of renal cortex. (*Wassermann positive*.)

ANEURYSMS.

- 35/20, M., 67.—*Abdominal aneurysm*. Empyema, collapse of lung. Granular contracted kidneys.
- 138/20, M., 54.—*Aneurysm of ascending aorta*. Hypertrophy of heart. Infarcts in lung.
- 25/21, M., 52.—*Aneurysm of ascending aorta*. Atheroma of aorta. Collapse of lower part of left lung.
- 40/21, M., 56.—*Fusiform aneurysm of ascending aorta*. *Saccular aneurysm at diaphragm*. Pulmonary tuberculosis. Slight interstitial nephritis.
- 63/21, M., 48.—*Aneurysm of coeliac axis*. *Rupture into oesophagus*. Turbid fluid in pleural cavities. Adenoma of suprarenal.
- 80/21, M., 29.—*Saccular aneurysm of arch and left subclavian*. *Occlusion of left carotid*. *Syphilitic aortitis*. Infarct in kidney.
- 94/21, M., 58.—*Aneurysm of arch of aorta*. Pulmonary congestion, oedema and some collapse.
- 167/21, M., 66.—*Small saccular aneurysm of commencement of aorta*. Pulmonary embolism from thrombosis of both iliac veins.
- 187/21, M., 45.—*Aneurysm of arch of aorta*. *Syphilitic aortitis*. Hypertrophy of left ventricle. Broncho-pneumonia.
- 23/22, M., 55.—*Aneurysm of descending aorta*. *Rupture into bronchus*.
- 98/22, M., 62.—*Aneurysm of ascending and transverse aorta*. Acute bronchitis. Acute gastritis.
- 162/22, M., 66.—*Aneurysm of ascending aorta*. Syphilitic (?) pneumonia. Compression of lung and bronchitis.
- 122/23, M., 49.—*Aneurysm of ascending aorta*. *Syphilitic aortitis* (positive Wassermann). Perforation into right pulmonary artery. Heart failure, Ascites. Hydrothorax. Compression of lungs. Venous congestion of liver.

- 123/23, M., 43.—*Aneurysm of ascending aorta and of orifice of right coronary, projecting into sternum and heart (right).*
- 149/23, M., 62.—*Aneurysm of arch and descending aorta.*
- 54/24, F., 52.—*Saccular aneurysm of arch eroding into oesophagus.*
- 74/24, M., 71.—*Aneurysmal dilatation of ascending aorta and arch. Hypertrophy of left ventricle. Nutmeg liver, etc. (Wassermann positive.)*
- 166/24, M., 58.—*Large aneurysm of descending aorta and arch eroding sternum. Pressure on right bronchus. Dilated, slightly hypertrophied heart. Venous congestion.*
- 57/25, M., 66.—*Extreme atheroma of thoracic aorta with probably syphilitic aortitis, incompetence of aortic ring. Two aneurysms, above and below diaphragm. Hypostatic pneumonia.*
- 40/22, M., 62.—*Syphilitic aortitis. Aneurysm at junction of arch and descending aorta. Small mitral vegetations. Cerebral softening. Contracted kidneys.*
- 95/26, M., 57.—*Saccular aneurysm of abdominal aorta. Leakage followed by rupture. Extravasation into pelvis of kidney (left). Intense atheroma (? syphilitic also) of abdominal aorta. Much cardiac hypertrophy (24½ ozs.). Atheroma of coronaries and vessels at base of brain. Small adenoma of thyroid.*
- 1/27, M., 61.—*Retroperitoneal haemorrhage from leaking saccular aneurysm of abdominal aorta. Saccular aneurysm of thoracic aorta. Syphilitic aortitis and atheroma. Atrophy of left kidney from obstruction of artery. Some fibrosis of other kidney. Sigmoid diverticulitis.*
- 6/27, M., 68.—*Atheroma of aorta and marked in coronaries. Aneurysms of abdominal aorta and both common iliacs. Syphilitic aortitis. Fatty liver. Gallstones. Retroperitoneal haemorrhage.*
- 54/27, M., 64.—*Syphilitic aortitis. Aneurysm of descending aorta, rupture into mediastinum and thence to right pleura (4½ pints). Emphysema. Small calcified specks in spleen. Infarct in left kidney. Arterio-sclerotic kidneys.*
- 71/27, M., 39.—*Syphilitic aortitis and saccular aneurysm of ascending aorta. Compression of right lung. Pleuritic effusion. Purulent pericarditis with two pints of turbid fluid. Meckel's diverticulum. Dilated stomach.*
- 92/27, M., 48.—*Aneurysm of thoracic aorta with syphilitic aortitis and compression of one lung, hypostatic pneumonia. (Positive Wassermann.)*

GUMMA OF SEPTUM OF HEART AND SYPHILITIC AORTITIS.

- 130/25, M., 53.—*Gumma of interventricular septum. Heart block. Dilatation and hypertrophy of heart. ? Syphilitic aortitis. Chronic venous congestion. Gallstone.*

SYPHILITIC CORONARY DISEASE.

- 38/22, M., 41.—*Syphilitic coronary disease*. Syphilitic meningitis. Scar in cerebellum.

SYPHILITIC CIRRHOSIS OF THE LIVER.

- 1/21, M., 44.—*Syphilitic cirrhosis of the liver*.
 1/23, M., 34.—*Syphilitic ? cirrhosis of the liver*. Infarct-like areas in lung. Purulent bronchiolitis. Large firm spleen. Syphilitic softening of frontal lobe.
 52/23, M., 39.—*Syphilitic cirrhosis of the liver*. Marked collateral circulation. Gallstones. Peculiar suprarenals. (Wassermann positive.)
 223/25, M., 36.—Australian aboriginal. Adhesive pericarditis. Mitral rheumatic fibrosis. Recent patch of mural (auricular) endocarditis. *Syphilitic cirrhosis of liver*. Chronic venous congestion. Infarcts in kidneys.

GUMMA (?) OF LIVER.

- 28/22, M., 55.—Death under chloroform. Fistula in ano, etc. Scarred irregular area at apex of one kidney. *Gumma (?) of liver*.

FATTY LIVER (?) DUE TO NOVARSENOBILLON.

- 126/23, F., 42.—*Atrophic fatty liver (? due to novarsenobillon, 25 injections)*. Operation for gallstones. Limited autopsy.

SMALL NODULES (SPECKS) IN LIVER.

- 156/23, M., 49.—Syphilitic aortitis. Cardiac hypertrophy and dilatation. *Small nodules (specks) in liver*.

GUMMATA OF THE BRAIN AND MENINGES.

- 56/21, F., 48.—*Local gummatous meningitis with erosion of the skull*. Gumma (?) of lung.
 158/23, M., 63.—*Gummata of the brain (frontal and parietal lobes), adhesions to membranes*. Renal calculus.
 97/26, F., 32.—Early pulmonary tuberculosis and tuberculous pleurisy. Cystitis with deep congestion and ammoniacal urine. P.M. digestion of stomach and oesophagus. Brain not permitted to examine and death ? due to gumma or haemorrhage. (Wassermann positive.) Many N.A.B. injections.

SYPHILITIC MENINGITIS.

- 38/22, M., 41.—*Syphilitic meningitis*. Scar in cerebellum. Syphilitic coronary disease.

FIBROSIS OF TESTES.

- 175/26, M., 39.—Small traumatic haemorrhage in frontal lobe probably due to blow in boxing, extensive subdural haemorrhage. Deep scarred area in lung (? fibrosis from unresolved pneumonia). *Old syphilitic osteitis of skull. Fibrosis of testes.*
- 111/27, M., 58.—Acute enteritis. *Syphilitic aortitis*, atheroma. Atheroma of vessels at base of brain. *Fibrosis of testes. Atrophy of optic nerves.* Small adenomata of prostate with hypertrophy of bladder and dilatation of ureters.

SYPHILITIC ULCERATION OR SCARRING OF PALATE, PHARYNX OR GLOTTIS.

- 39/22, M., 10.—*Congenital syphilis. Juvenile G.P.I. Syphilitic ulceration of pharynx.* Bronchiectasis, broncho-pneumonia. Vegetations on the aorta.
- 181/27, F., 53.—Chronic cystitis with hypertrophy. Bilateral pyonephrosis. Renal insufficiency. Organised pneumonia with bronchiectatic abscess cavities (left lung). Compensatory emphysema of right. *Old perforation of palate. Stenosis of glottis.* Uterine polyp. Post-operative hernia of abdominal wall. (No Wassermann.)

SYPHILITIC ULCERATION OF THE SKIN.

- 19/22, M., 59.—Chronic interstitial nephritis. Hypertrophied heart. Syphilitic aortitis. Scar in liver. *Syphilitic ulceration of skin.*

CHARCOT'S DISEASE OF JOINTS.

- 16/25, M., 67.—Locomotor ataxy. *Charcot's wrist.* Syphilitic aortitis (probably) and atheroma, some dilatation of aorta. Cystitis, pyelitis, and some renal fibrosis.

SYPHILITIC OSTEITIS.

- 175/26, M., 39.—Small traumatic haemorrhage in frontal lobe probably due to blow in boxing, extensive subdural haemorrhage. Deep scarred area in lung (? fibrosis from unresolved pneumonia). *Old syphilitic osteitis of skull. Fibrosis of testes.*

SYPHILITIC SOFTENING OF THE BRAIN.

- 1/23, M., 34.—*Syphilitic softening of the frontal lobe.* Infarct-like areas with purulent foci in the lungs. Purulent bronchiolitis. Cirrhosis (? syphilitic) of the liver. Large firm spleen.

GENERAL PARALYSIS OF THE INSANE.

- 84/21, F., 41.—*G.P.I.* (partial examination only).
- 39/22, M., 10.—*Congenital syphilis. Juvenile G.P.I.* Syphilitic ulceration of the pharynx. Bronchiectasis, broncho-pneumonia. Vegetations on the aorta.

LOCOMOTOR ATAXY.

- 16/25, M., 67.—*Locomotor ataxy*. Charcot's wrist. Syphilitic aortitis (probably) and atheroma. Cystitis, pyelitis, and some fibrosis of kidneys.
- 76/26, F., 48.—Double pyelitis with distended ureters and pelves, cystitis. *Locomotor ataxy*. Healing bedsore. Emphysema. Infarct in lung. A.m. clot in right auricle. (Weil-Felix positive.)
- 128/27, M., 43.—*Locomotor ataxy*. Cystitis. Double pyelonephritis with abscesses and old fibrosis of right kidney. Emphysema. (*Wassermann positive*.)

LUNG LESIONS, PERHAPS RELATED TO SYPHILIS, IN SYPHILITIC PATIENTS.

- 70/20, M., 45.—*Pulmonary syphilis* (?) with silicosis and anthracosis.
- 197/21, M., 34.—Chronic nephritis. *Gumma* (?) of lung (*Wassermann positive*).
- 32/22, M., 40.—*Gumma* (?) of lung. Enormous hypertrophy of right heart without obvious cause.
- 162/22, M., 66.—Aneurysm of ascending aorta. *Syphilitic* (?) *pneumonia*. Compression of lung and bronchitis.
- 59/23, M., 67.—Organizing pneumonia with (?) *gumma*. Hypertrophied heart. Intense atheroma. Interstitial nephritis. Old cerebral softening.
- 114/23, M., 50.—*Organizing broncho-pneumonia*, bronchitis. Syphilitic (?) aortic disease. Large firm spleen.
- 192/23, F., 55.—Red punctate spots in brain (? softening). Syphilitic aortitis, thickening at bifurcation of aorta. *Fibrosis of lungs*.
- 204/23, M., 60.—*Chronic fibrosis of upper lobe of right lung* (*Wassermann positive*). Chronic interstitial nephritis.
- 204/23, M., 60.—*Chronic fibrosis of upper lobe of right lung* (*Wassermann positive*.) Chronic interstitial nephritis.
- 39/27, M., 73.—Syphilitic aortitis. *Carnification of the lungs*.
- 175/27, M., 39.—Small traumatic haemorrhage in frontal lobe, probably due to a blow in boxing, extensive subdural haemorrhage. *Deep scarred area in lung* (? fibrosis from unresolved pneumonia). Old syphilitic osteitis of skull. Fibrosis of testes.
- 181/27, F., 53.—Old perforation of the palate. Stenosis of glottis. *Organizing pneumonia with bronchiectatic abscess cavities* (left lung). Chronic cystitis with hypertrophy. Bilateral pyonephrosis. Renal insufficiency.

B. IN 45 AUTOPSIES AT THE MENTAL HOSPITAL,
PARKSIDE.

GENERAL PARALYSIS OF THE INSANE.

- 6, F., 37.—Dementia (? *G.P.I.*), cerebral haemorrhage in frontal lobe (? neoplasm, nil in sections). Thrombosis of branch of pulmonary artery with infarcts in lung. *No microscopical evidence of G.P.I.*
- 14, M., 42.—*G.P.I.* Syphilitic aortitis. Small white areas in kidneys. Slight broncho-pneumonia.
- 27, M., 41.—*G.P.I.* (*atrophy of frontals, milky pia, lateral ventricles distended*). Double ureter, some pyelitis.
- 35, M., 56.—*G.P.I.* Syphilitic aortitis. Perforating ulcer of toe. Bed-sores. Hydronephrosis and hypertrophy of bladder. Calcified mesenteric gland.
- 37, M., 40.—*G.P.I.* Syphilitic aortitis. Broncho-pneumonia. Biliary sand. Pus in right tonsil, ulcer of palate. Cystic thyroid with haemorrhages.
- 39, M., 36.—*G.P.I.* *Exhaustion.*
- 69, M., 39.—*G.P.I.* (Wassermann positive.)
- 30 M., 50.—? *G.P.I.* Bronchitis, bronchiolitis, and marked broncho-pneumonia. Meckel's diverticulum. Calcified nodule in liver.
- 19, F., 39.—? *G.P.I.* *Adhesions of pia to cortex.* Degeneration of wall of left ventricle with adhesive clot. Broncho-pneumonia. Old pulmonary tuberculosis. Scarred right kidney.
- 62, F., 51.—Aortic cusps contracted, calcified nodules. Atheroma. Acute pericarditis. Cardiac hypertrophy. Infarcts of lung. *Some wasting of convolutions.* (Clinacteric insanity, ? *G.P.I.*) (*Wassermann positive.*)
- 105, M., 46.—*G.P.I.* (*Wassermann positive.*) Small area of columnar epithelioma with a cavity in right lung thought to be an inhalation abscess.
- 129, F., 37.—*G.P.I.* Acute decubitus. Slight syphilitic aortitis. (*Positive Wassermann, blood.*)

GUMMA OF THE BRAIN.

- 139, F., 34.—*Gumma of right parieto-occipital area adherent to membranes.* Gallstone.

SYPHILITIC AORTITIS.

- 14, M., 42.—*G.P.I.* Syphilitic aortitis. Small white areas in kidneys. Slight broncho-pneumonia.
- 37, M., 40.—*G.P.I.* Syphilitic aortitis. Broncho-pneumonia. Biliary sand. Pus in right tonsil, *ulcer of palate.* Cystic thyroid with haemorrhages.
- 35, M., 56.—*G.P.I.* Syphilitic aortitis. Perforating ulcer of toe. Bed-sores. Hydronephrosis and hypertrophy of bladder. Calcified mesenteric gland.

ANEURYSM.

- 98, M., 30.—*Saccular aneurysm* of ascending aorta, rupture into mediastinum and thence to left pleura (filled with blood). Syphilitic aortitis and atheroma. Early syphilitic disease of aortic valves. Slight pial opacity near pineal gland.

VII.—EPITOME OF THE PATHOLOGICAL LESIONS PRESENT IN ONE THOUSAND POST-MORTEMS AT THE ADELAIDE HOSPITAL—Continued.

(By J. Burton Cleland, Honorary Pathologist.)

In these archives, No. 6 (1926), p. 55, and No. 7 (1927), p. 58, the pathological lesions met with during *post-mortem* examinations have been tabulated under their various headings. This issue continues the series represented by a thousand *post-mortem* examinations carried out mostly by myself between the years 1920 and 1925. The Respiratory System, Urinary and Male Generative Systems, Nervous System, and Various Microbic Diseases are dealt with in this number. Under each appropriate heading the cases are entered, and the summary shows also all the pathological lesions associated with the one under the particular heading.

In these three issues all the pathological lesions in one thousand *post-mortem* examinations are tabulated with the exception of a considerable number of cases where death was due to accidents. These will be published later.

The information thus supplied should be of value to others engaged in monographic works. These summaries show at once how many examples of any particular lesion have been met with in the thousand autopsies, and show also with what other pathological conditions these lesions may be associated. Moreover, references enable the case to be, if necessary, looked up in the hospital records, if fuller information is required. Such information could, if desired, be supplied to interested persons in other parts of the world who might desire further information about a particular case included in the summary.

VI.—Specific Microbic Diseases.

TYPHOID FEVER.

- 21/20, M., 20.—*Typhoid ulcers. Perforation. Large spleen (16ozs.).*
 20/21, M., 19.—*Typhoid fever, congested areas in small intestine, but no ulcers. Large spleen. Femoral thrombosis. Pulmonary embolism. Widal positive.*
 33/21, M., 51.—*Typhoid fever, ulceration just commencing, cloudy swelling.*
 42/21, M., 21.—*Typhoid fever, perforation, ulcers in colon, cloudy swellings.*
 165/21, M., 33.—*Typhoid ulcers, rupture of very large spleen.*
 15/22, M., 26.—*Typhoid ulcers, large spleen. Infarcts in lungs.*
 12/23, F., 22.—*Typhoid ulcers. P.M. digestion of stomach with contents in pleural cavity.*
 28/23, M., 19.—*Typhoid fever. Leak of operation suture in sigmoid, peritonitis. Enormous distension of ureters (congenital ?), pyelonephritis. Infarcts in lungs.*
 79/23, M., 19.—*Typhoid fever, ruptured ulcer with peritonitis. Infarcts in spleen.*
 23/25, M., 70.—*Typhoid fever, atypical ulcers of caecum and ileum, petechial rash. Septic infarct in lung. Hypostatic pneumonia. Large firm dark spleen. Adenoma of suprarenal.*

PARATYPHOID FEVER.

- 163/21, M., 17.—*Paratyphoid group, dysentery-like ulceration of colon and lower part of ileum, mesenteric glands soft, spleen not enlarged, firm.*

TETANUS.

- 161/24, F., 39.—*Tetanus (cryptic)*. Small carcinoma of thyroid.
 208/23, M., 18.—*Tetanus (no definite wound)*.

ANTHRAX.

- 118/23, M., 57.—*Anthrax* of neck. Gallstones.

BRILL'S DISEASE (HONE'S TYPHUS-LIKE DISEASE).

- 98/21, M., 65.—*Brill's disease (?)*. Lobar pneumonia, pleurisy.
 141/23, Negro 61.—*Brill's disease*. Congestion and some oedma of lungs. Swollen kidneys.
 28/24, M., 71.—*Brill's disease (convalescent)*. Coronary thickening.

PERIARTERITIS NODOSA.

- 18/22, M., 17.—*Periarteritis nodosa*, lesions in heart and both kidneys.

DIPHTHERIA.

- 149/21, F. 10.—*Diphtheria*. Thrombi in left auricular appendix. Embolism in middle cerebral artery. Infarcts in spleen, kidney.
 183/23, M., 15.—*Large superficial ulcer near groin with gangrenous sloughs, ? diphtheritic*. Congestion of kidneys, liver. A.M. clot in right auricular appendix.

ACUTE INFECTIVE OSTEO-MYELITIS, CELLULITIS, PYAEMIA, ETC.

- 142/22, M., 82.—*Cellulitis of orbit and scalp*. Red granular kidneys. Enlarged prostate. Clot in descending aorta.
 93/22, M., 83.—*Orbital streptococcal cellulitis*. Gastric ulcer.
 31/25, M., 23.—*S. aureus cellulitis of lip and face*. Pyaemic pneumonia, pleurisy, pericarditis. Toxaemia.
 159/22, M., 13.—*Streptococcal infection over scapula*. Pyaemic foci and septic infarcts in lung. Septic infarct of heart.
 42/20, M., 79.—*Necrosed purulent foci round left shoulder*. Atheroma. Red granular kidneys.
 21/24, F., 39.—*Acute infective periostitis of scapula*. Lobar pneumonia. Chorea.
 182/23, F., 11.—*Osteomyelitis of lower end of tibia, beginning in epiphysitis*. Small abscesses in kidney.
 119/20, M., 13.—*Acute S. aureus arthritis of hip*. Pyaemia. Terminal gas infection from intestines.
 154/23, M., 14.—*Acute infective periostitis and epiphysitis (?) due to S. aureus*. Malignant endocarditis (tricuspid). Pulmonary infarcts and abscesses. Cloudy swelling.
 144/23, F., 42.—*Abscesses in both breasts*. Osteomyelitis of pubes. Pyaemic foci in lungs. Polycystic kidneys and liver.
 135/20, M., 30.—*Sepsis following tooth extraction, retropharyngeal ulceration*. Aspiration pneumonic foci with cavitation.

- 139/21, M., 55.—*Necrotic cellulitis of pharynx and neck probably secondary to tooth or infected mouth gland. Periostitis of both jaws. Osteitis of base of skull. Thrombosis of cavernous sinuses. Haemorrhage over base of brain. Broncho-pneumonia.*
- 36/24, F., 31.—*Streptococcal septicaemia from impetigo and infected gland of neck.*
- 9/21, F., 36.—*Streptococcal septicaemia. Malignant endocarditis. Infarcts of spleen, kidneys. Hypostatic pneumonia.*
- 16/22, F., 70.—*Cellulitis of calf following ulcers. Thrombosis of posterior saphenous vein. Pulmonary embolism. Mucocele of gall bladder with gall stone.*
- 64/25, M., 50.—*Myeloid leukaemia, probably early. S. aureus infection of axilla. Vomited matter in bronchi.*
- 30/23, M., 14.—*Pyæmia. Abscess in liver, abscess between lung and vertebral column. Septic pneumonia.*
- 150/23, M., 46.—*Polycystic kidneys and liver. Calculus in left kidney. Small carbuncle.*
- 129/24, F., 2.—*Lobar pneumonia. Retropharyngeal abscess (post-scarlatinal).*
- 215/24, M., 29.—*Small carbuncular abscess of buttock. No evidence of septicaemia or pyæmia. Congestion of abdominal viscera, distension of heart. Toxaemia? (Not sufficient cause for death found).*

PNEUMOCOCCAL INFECTIONS.

- 41/24, F., 60.—*Pneumonia, pleurisy, pericarditis and peritonitis. Compression of lung.*
- 16/21, F., 24.—*Cellulitis of face. Infected infarcts of lungs with purulent pleurisy.*

CHOREA.

- 21/24, F., 39.—*Acute infective periostitis of scapula. Lobar pneumonia. Chorea.*

PULMONARY TUBERCULOSIS (CAUSE OF DEATH OR MARKED).

- 16/20, M., 55.—*Pulmonary tuberculosis with laryngeal ulceration.*
- 39/20, M., 63.—*Pulmonary tuberculosis with collapse. Hypertrophied heart.*
- 58/20, M., 68.—*Chinaman. Pulmonary tuberculosis. Atheroma.*
- 60/20, M., 45.—*Pulmonary tuberculosis. Lobar pneumonia (?).*
- 83/20, M., 33.—*Pulmonary tuberculosis. Nutmeg liver.*
- 90/20, M., 34.—*Pulmonary tuberculosis. Tuberculous ulcers of intestine.*
- 99/20, M., 66.—*Fibroid pulmonary tuberculosis.*
- 114/20, M., 33.—*Tuberculosis of lungs, miliary spread. Large spleen.*
- 140/20, M., 26.—*Pulmonary tuberculosis. Pleuritic effusion. Collapse of lung.*
- 6/21, F., 11.—*Pulmonary tuberculosis. Tuberculous meningitis.*
- 10/21, F., 25.—*Pulmonary tuberculosis and secondary tuberculosis of intestine and peritoneum.*
- 18/21, M., 61.—*Pulmonary tuberculosis. Carcinoma of pancreas. Slight interstitial nephritis.*
- 40/21, M., 56.—*Pulmonary tuberculosis. Aneurysm of aorta. Slight interstitial nephritis.*

- 53/21, M., 75.—*Pulmonary tuberculosis*. Atrophied heart.
- 57/21, M., 70.—*Fibroid pulmonary tuberculosis*. Chronic interstitial nephritis.
- 58/21, M., 39.—*Pneumococcal pachymeningitis*. *Pulmonary tuberculosis*. Large soft spleen.
- 67/21, M., 48.—*Pulmonary tuberculosis*. *Haemoptysis*.
- 69/21, M., 55.—Fracture of skull. Cerebral haemorrhage. *Pulmonary tuberculosis*.
- 87/21, M., 57.—*Pulmonary tuberculosis*. *Miliary spread (kidneys)*.
- 116/21, M., 76.—*Pulmonary tuberculosis* with broncho-pneumonia. Arterio-sclerosis with arterio-sclerotic kidneys.
- 126/21, F., 21.—*Pulmonary tuberculosis with cavity*.
- 128/21, M., 72.—*Tuberculosis of lungs with cavity and fibrosis*. Operation for epithelioma of tongue.
- 138/28, F., 60.—*Caseous tuberculous nodules in lungs*. A.m. thrombi in wall of left ventricle, etc.
- 141/21, M., about 70.—*Chronic pulmonary tuberculosis*. Terminal broncho-pneumonia. Adherent pericardium.
- 145/21, F., 23.—Australian aboriginal. *Tuberculosis of lungs with cavity*. *Tuberculous mesenteric glands*. *Tuberculous peritonitis*.
- 170/21, M., 69.—*Fibrosing pulmonary tuberculosis*. *Tuberculous granulomatosis of base of tongue, pharynx, epiglottis*. *Tuberculous ulcers of intestine*. *Calcified mesenteric gland*.
- 173/21, M., 40.—*Fibrotic tubercles over both lungs*. *Large fibro-caseous glands in mediastinum and base of right lung*. *Tubercles in spleen, a few in liver and kidneys*. *Caseated areas in mesentery*. Extensive dermatitis.
- 182/21, M., 55.—*Pulmonary tuberculosis*. *Tuberculous ulcers of intestine*. *Calcified mesenteric glands*. Chronic interstitial nephritis.
- 17/22, M., 47.—*Extensive pulmonary tuberculosis with cavities*. *Tuberculous ulcers of intestine*. *Miliary tubercles in liver*.
- 24/22, F., 18.—*Tuberculosis of lungs*. *Miliary tuberculosis of spleen*. *Tuberculosis of peritoneum*. *Tuberculous meningitis*.
- 102/22, F., 45.—*Pulmonary tuberculosis with cavities*.
- 147/22, M., —.—*Tuberculosis of lungs, mesenteric glands, intestines*. Chronic interstitial nephritis.
- 18/23, F., 11.—*Miliary tuberculosis of lungs, kidneys, small tuberculous glands in mediastinum and mesentery*.
- 57/23, F., 67.—*Pulmonary tuberculosis*. Atrophy of organs. Gallstones.
- 65/23, M., 39.—*Silicosis*. *Pulmonary tuberculosis*.
- 69/23, F., 55.—*Pulmonary tuberculosis with cavitation*. *Bronchial glands fibrotic with small caseous foci*. Brown atrophy of heart. Gallstones.
- 83/23, M., 49.—*Pulmonary tuberculosis with cavity*.
- 106/23, M., 65.—*Pulmonary tuberculosis with cavity*. Influenzal broncho-pneumonia. Acute ulcers of stomach. Gallstones. Paralysis agitans.
- 196/23, M., 38.—*Extensive pulmonary tuberculosis*. *Tuberculous ulcers of intestine*.

- 16/24, M., about 60.—*Tuberculosis of mediastinum and hilic glands and of middle lobe of right lung. Caseous tuberculous focus in spleen. Pleural and peritoneal tuberculosis (lymph spread).*
- 35/24, M., 61.—*Pulmonary tuberculosis with cavities. Tuberculous ulcers of ileum, colon, rectum.*
- 46/24, F., 50.—*Caseous tuberculous pneumonia, breaking down. Early tuberculous ulceration of ileum.*
- 50/24, M., 53.—*Chronic pulmonary tuberculosis (?) with cavities at both bases. Silicosis (?). Abscess in upper lobe. Some interstitial nephritis.*
- 83/24, F., —.—*Extensive pulmonary tuberculosis with cavitation.*
- 87/24, M., 70.—*Extensive pulmonary tuberculosis. Inspissated empyema. Tumour-like congeries of veins in abdomen.*
- 105/24, F., 21.—*Pulmonary tuberculosis with cavitation. Caseous mesenteric glands. Tuberculous ulcers of intestine. Amyloid disease.*
- 134/24, M., 42.—*Pulmonary tuberculosis with extensive miliary spread (lymphatic) in both lungs.*
- 151/24, M., 64.—*Carcinoma of stomach. Extensive unusual pulmonary tuberculosis. Hydatid of liver (degenerated).*
- 156/24, M., 81.—*Fracture of skull. Chronic pulmonary tuberculosis and anthracosis. Pulmonary oedema.*
- 162/24, F., 23.—*Pulmonary tuberculosis with cavitation and some caseous broncho-pneumonia. Tuberculous ulcers of intestine and of epiglottis.*
- 164/24, M., 78.—*Organization of lungs with tuberculosis and carcinoma.*
- 181/24, M., 42.—*Cerebral haemorrhage (due ? to tuberculous arteritis). Extensive pulmonary tuberculosis. Tuberculous ulcer of appendix.*
- 137/24, F., 58.—*Broncho-pneumonia. Pulmonary tuberculosis.*
- 114/24, M., 46.—*Pulmonary tuberculosis with secondary miliary spread to rest of lung via bronchial vein. Depression of sternum, and atrophy of left lobes of liver.*
- 70/23, F., 59.—*Pulmonary tuberculosis with cavity. Pneumothorax, collapse. Large suprarenals. Calcified mesenteric glands. Mediastinal glands not apparently tuberculous.*
- 59/25, F., 43.—*Pelvic haemorrhage after salpingo-oophorectomy. Intestinal adhesions and distension. Pulmonary tuberculosis, marked on one side.*
- 55/25, M., 44.—*Maltese. Extensive pulmonary tuberculosis with cavitation and racemose tubercles. Tuberculous ulcers of intestines. Tuberculous tracheitis. Tubercles in kidney.*
- 71/25, M., 52.—*Pulmonary tuberculosis with cavity in lower lobe. History of trauma.*
- 28/25, M., 68.—*Pulmonary tuberculosis with extensive cavitation of both lungs.*
- 40/25, F., 12.—*Extensive pulmonary tuberculosis with cavitation, tuberculous entero-colitis.*

- 50/25, M., 21.—Aboriginal. *Tuberculosis of mediastinal and hilar glands. Lymph spread through lungs with small primary foci. Tuberculosis of axillary glands, gastric lymph gland. Pleurisy. Pulmonary congestion.*
- 47/25, M., 38.—*Fibroid tuberculosis of lungs with cavity formation and calcification. Intestinal polyp.*
- 32/25, F., 33.—*Tuberculous broncho-pneumonia. Diabetes with small pancreas. Meckel's diverticulum.*
- 133/20, M., 44.—*Pulmonary tuberculosis.*
- 36/25, F., 24.—*Small primary tuberculous focus in lung. Secondary tuberculous focus or probably infarct in kidney. Tuberculous meningitis. Pregnancy.*

PULMONARY AND MEDIASTINAL TUBERCULOSIS, MOSTLY SLIGHT OR INCIDENTAL.

- 18/20, M., 62.—*Pernicious anaemia. Old tuberculous lesion at apex.*
- 15/21, M., 75.—*Grawitz tumour. Slight pulmonary tuberculosis. Venous congestion.*
- 34/21, M., 42.—*Atheroma of coronaries. Degeneration of heart wall with adherent clot. Old tuberculous nodules of lungs.*
- 62/21, M., 61.—*Lobar pneumonia. Old pulmonary tuberculosis.*
- 88/21, M., 33.—*Casating thymoma of mediastinum. Old pulmonary tuberculosis.*
- 1/22, M., 80.—*Tuberculosis of apices of lungs. Cerebral haemorrhage, etc.*
- 12/22, M., 69.—*Slight pulmonary tuberculosis. Some broncho-pneumonia. Chronic interstitial nephritis.*
- 34/22, M., 48.—*Slight tuberculosis of lung. Fractured ribs. Ruptured spleen.*
- 80/23, M., 39.—*Old tuberculosis at apices. Calcified nodules in liver, spleen. Carnification of lungs. Old empyemata.*
- 166/23, M., —*Carcinoma of oesophagus. Tuberculous broncho-pneumonia.*
- 173/23, M., 47.—*Intestinal obstruction and resection, peritonitis. Pulmonary tuberculosis. Infarcts in kidneys. Abscess in epididymis.*
- 181/23, M., 84.—*Slight pulmonary tuberculosis. Marked atheroma. Gangrene of feet, etc.*
- 190/23, F., 25.—*Fibrosing pleural and mediastinal tuberculosis. Fractures of ribs, rupture of liver and spleen.*
- 195/23, M., 67.—*Carcinoma of descending colon. Tuberculosis of lungs.*
- 202/23, M., 49.—*Pulmonary tuberculosis (?). Old rheumatic endocarditis, heart failure.*
- 60/24, M., 49.—*Pulmonary tuberculosis (? arrested). Carcinoma of stomach.*
- 63/24, M., 78.—*Infarcts of both lungs (source ?). Old tuberculosis of apices. Pleural effusion. Atheroma of coronaries. Slight interstitial nephritis.*
- 195/24, M., 65.—*Broncho- and hypostatic pneumonia. Old tuberculosis at right apex and in hilar glands.*
- 201/24, M., 43.—*Acute encephalitis. Hypostatic pneumonia. Old apical tuberculosis.*

- 154/24, M., 44.—Lobar pneumonia. *Pulmonary tuberculosis (slight), old tuberculous mesenteric glands.* Atrophied right kidney.
- 160/24, M., 65.—Chronic interstitial nephritis and hypertrophy and dilatation of heart. *Slight pulmonary tuberculosis and silicosis.*
- 34/24, M., 59.—Cicatricial stenosis near pylorus. Broncho-pneumonia. Organizing lobar pneumonia. *Pulmonary tuberculosis.*
- 203/22, M., 42.—Chronic adhesive peritonitis. Chronic interstitial nephritis. Abscess of *lung and some tuberculosis.*
- 103/23, M., 68.—Organising lobar pneumonia. Broncho-pneumonia. *Slight tuberculosis of lung and hilum gland (old).*
- 20/25, F., 64.—Cheyne-Stokes respiration. Acute mania. Wasting. *Tuberculosis of left lung—cavity with small caseous areas.* Pulmonary oedema. Failing right heart.
- 200/21, F., 36.—Aortitis and periaortitis probably syphilitic. Vegetations on the aorta. Aortic valvular disease. Chronic venous congestion. *Slight tuberculosis at one apex.*
- 78/25, M., 59.—Carcinoma of stomach. Infaret in spleen. Lobar and hypostatic pneumonia. *Small area of tuberculosis in lung.* Chronic starvation. Atrophied heart.
- 153/24, F., 34.—Large waxy-looking kidneys with an albuminous exudate. Calculi. Vegetations on the tricuspid valve. Oedema. *Patch of tuberculous broncho-pneumonia.*
- 194/23, F., 17.—*Acute miliary tuberculosis of lungs and kidneys from caseous fibrosing mediastinal glands.*
- *162/21, M., 77.—*Calcified tracheal gland.* Haemorrhage in lateral ventricle. Arterio-sclerotic kidneys, etc.
- *22/22, M., 65.—*Old slight tuberculosis of tracheal glands.* Softened areas in brain, etc.
- 117/23, F., 22.—*Caseous bronchial glands.* ? *Miliary tuberculosis of lungs and peritoneum.* Puerperal septicaemia after miscarriage.
- *90/23, F., 59.—Bronchitis, bronchiolitis, slight broncho-pneumonia, diffuse fibrosis and emphysema. *Tuberculous hilic gland.*
- 142/24, F., 84.—Purulent bronchitis and broncho-pneumonia. *Tuberculosis of mediasintal glands.*
- *167/23, M., 77.—Chronic bronchitis (? *miliary fibrosing tubercles*). Slight interstitial nephritis.

TUBERCULOSIS.—NOT PRIMARILY PULMONARY.

- 70/21, M., 64.—*Tuberculosis of vertebra, compression of spinal cord.* Septic pyelonephritis.
- 66/22, M., 47.—*Pott's disease of spine.* Fracture of spine. Rupture of bladder.
- 4/25, M., 53.—Pontine haemorrhage. *Old tuberculosis of hip, kidney, hilic glands.*

- 52/25, M., 29.—*Old ankylosed tuberculous hip with sinuses. Organizing lobar pneumonia. Extensive lipoid and amyloid changes in kidneys. Large spleen. Gallstone.*
- 81/21, F., 38.—*Miliary tuberculosis with tuberculous meningitis and peritonitis, secondary to tuberculosis of Fallopian tube.*
- 203/24, F., 14.—*General peritonitis secondary to tuberculous salpingitis with adhesion to rectum. Calcified mesenteric glands.*
- *55/22, F., 25.—*Tuberculosis of uterus. Tuberculous peritonitis and meningitis, miliary tuberculosis.*
- 186/21, F., 28.—*Aplastic anaemia. Mesenteric tuberculosis. Miliary tubercles of spleen.*
- 31/22, F., 11.—*Tuberculosis of mesenteric and cervical glands, tuberculosis in brain. Tuberculous peritonitis, tuberculous ulceration of pharynx, intestines, vulva, miliary tuberculosis of lungs.*
- 38/24, F., 21.—*Tuberculous peritonitis (miliary), caseous tuberculous glands in mediastinum and hila of both lungs, in mesentery, round abdominal aorta, caseous tuberculosis of spleen, secondary slight miliary tuberculosis of lungs. Mitral rheumatic endocarditis.*
- 171/24, M., 13.—*Bilateral tuberculous pyelitis and nephritis. Secondary tuberculous peritonitis. Injury to urethra with haemorrhage into pelvic tissues and extravasation of urine from cystoscopy. Interstitial emphysema of lungs.*
- 174/24, M., 43.—*Double tuberculous pyonephritis. Tuberculosis of prostate. Uraemia (surgical type). Slight broncho-pneumonia.*
- 20/22, M. (Elderly).—*Small tuberculous glands in mesentery. Tuberculous pyonephrosis. Caseous areas in prostate, epididymis.*
- 97/22, M., 36.—*Tuberculosis of liver. Tuberculous meningitis.*
- 44/23, M., 21.—*Tuberculous peritonitis. Tuberculosis of both suprarenals. Calcified gland in hilum of lung.*
- 28/20, F., 40.—*Tuberculosis of left suprarenal. Subphrenic and right retrocolic abscesses.*
- 107/24, M., 65.—*Hypertrophied and dilated heart. Large red granular kidneys. Tuberculosis of right suprarenal. Diabetes. Heart failure.*
- 33/28, M., 78.—*Tuberculosis of left kidney and suprarenal. Secondary tuberculous peritonitis with ascites.*
- 19/25, F., 14.—*Tuberculous deposits in liver, spleen, bases of lungs.*
- 16/24, M., about 60.—(See also pulmonary.) *Tuberculosis of mediastinal and hylic glands and of middle lobe of right lung. Caseous focus in spleen. Pleural and peritoneal tuberculosis (lymph spread).*
- *24/21, M., 16.—*Miliary tuberculosis of lungs, spleen, liver, kidney; caseating tuberculosis of testis and vesiculac seminalis.*
- *66/20, M., 52.—*Tuberculosis of prostate, epididymis. Miliary tuberculosis of lungs. Tuberculous meningitis ?*

- *190/21, M., 39.—*Tuberculous meningitis. Rasemose tuberculosis of lungs. Tuberculosis of prostate, glands in pelvis, retroperitoneum and mediastinum, and hilum of right kidney.*

CALCIFIED MESENTERIC GLANDS.

- *67/23, M., 70.—*Calcified mesenteric glands. Chronic interstitial nephritis, failing heart.*
- *134/21, M., 79.—*Calcified mesenteric glands. Hypostatic pneumonia, etc.*
- *137/21, M., 44.—*Calcified mesenteric gland. Broncho-pneumonia.*
- *26/24, M., 64.—*Fibrosis of lung (slight ? early silicosis). Pulmonary congestion. Calcification of mesenteric glands. Tubercles (?) on spleen. Hard glands in lesser curvature of stomach. Circulatory failure.*
- *44/24, M., 41.—*Calcified mesenteric glands. Carcinoma of stomach.*
- *96/23, M., 51.—*Chronic interstitial nephritis. Hypertrophied and dilated heart. Old cerebral haemorrhage. Degenerated hydatid. Calcified mesenteric glands.*
- *38/22, M., 41.—*Syphilitic meningitis. Calcified mesenteric glands.*
- *121/23, F., 40.—*Strychnine poisoning. Calcified mesenteric glands.*
- *175/21, M., 80.—*Cerebral haemorrhage (? glioma) of temporo-parietal area. Softened area in cerebellum. Interstitial nephritis. Hypertrophied heart. Caseous mesenteric gland.*
- *134/21, M., 79.—*Hypostatic pneumonia. Thrombi in right auricular appendix. Haemorrhagic suprarenal. Calcified mesenteric glands. Atheroma.*

ACID-FAST INFECTION.

- 91/21, F., 60.—*Ulcer over sternum, large abscess in lumbar region, small abscesses in body and organs, due to an acid-fast bacillus. Mitral stenosis.*

ACTINOMYCOSIS.

- 10/24, F., 18.—*Actinomycosis of vertebral column and surrounding tissues. Extension to lung.*
- 84/24, F., 17.—*Actinomycosis of lung. Secondary deposits in lower leg and frontal lobe. Hydatid of liver.*
- 101/24, M., 21.—*Actinomycosis of whole of left lobe of liver, hypertrophy of right. Empyema (large). Broncho-pneumonia and abscess in right lung.*

AMYLOID DISEASE.

- 105/24, F., 21.—*Pulmonary tuberculosis with cavitation. Caseated mesenteric glands. Tuberculous ulcers of intestine. Amyloid disease.*
- 52/25, M., 29.—*Old ankylosed tuberculous hip with sinuses. Organized lobar pneumonia. Extensive lipid and amyloid infiltration of kidneys. Large spleen. Gallstone.*

VII.—Respiratory System.

LARYNX.

- 45/25, M., 30.—Broncho-pneumonia following *tracheotomy* for (?) *oedema of larynx*.

BRONCHITIS.

- 147/24, M., 86.—Some interstitial nephritis. Cardiac hypertrophy and dilatation. Emphysema. *Chronic bronchitis*, slight broncho-pneumonia. Senile atrophy of brain.
- 167/23, M., 77.—*Chronic bronchitis* (? miliary fibrosing tubercles). Slight interstitial nephritis.
- 49/22, M., 43.—*Bronchitis*. Heart failure.
- 52/22, M., 56.—*Acute bronchitis*. Emphysema. *Congestion of lungs*.
- 98/22, M., 62.—Aneurysm of aorta. *Acute bronchitis*. Acute gastritis.
- 162/22, M., 56.—Aneurysm of ascending aorta. Syphilitic (?) pneumonia. Compression of lung and *bronchitis*.
- 51/21, F., 70.—*Bronchitis* and emphysema. Heart failure.
- 139/21, M., 56.—Organizing pneumonia (fibrosis). *Bronchitis*. Hypertrophy of right heart.
- 133/21, F., 60.—*Bronchitis, bronchiolitis, congestion and collapse*. Heart failure.
- 32/23, M., 65.—*Purulent bronchitis*. Infarct in lung. Pleurisy. Two polypi in colon.
- 132/23, M., 33.—Broncho-pneumonia. *Bronchitis*. Pulmonary fibrosis.
- 85/22, F., 85.—Strangulated femoral hernia. *Acute bronchitis* and hypostatic pneumonia.
- 71/22, M., 57.—Asthma, Emphysema. *Purulent bronchitis*. Bilateral renal adenomata.
- 111/23, M., 64.—Pale, granular contracted kidneys. *Bronchiolitis*. Hypostatic congestion.
- 114/23, M., 50.—Organizing broncho-pneumonia. *Bronchitis*. Syphilitic aortitis (?). Large, firm spleen.
- 1/23, M., 34.—Infarct-like areas with purulent foci in lungs. *Purulent bronchiolitis*. Syphilitic (?) cirrhosis of liver. Large, firm spleen. Syphilitic softening of frontal lobe.
- 191/23, M., 11.—*Acute purulent tracheitis and bronchitis*. Toxic liver. Toxaemia (?). Red punctate area in pons. White and red infarcts in lung.
- 45/20, M., 72.—*Bronchitis*. Cardiac failure. Early granular kidney.

BRONCHIECTASIS.

- 145/24, M., 44.—*Fibrosis and bronchiectatic cavities in both upper lobes with fibrotic nodules in right lower lobe*.
- 6/22, M., 30.—Large empyema. *Bronchiectasis*. Subacute nephritis.
- 185/23, F., 21.—*Bronchiectasis* and organization of lung with degenerated area. Verrucosities on mitral valve.
- 122/22, M., 23.—Empyema. *Bronchiectasis*. Purulent pericarditis.
- 89/23, M., 60.—Old dislocated hip, kyphosis, etc. Bronchiolitis, peri-bronchiolitis, *bronchiectasis*, gangrene of lung, and broncho-pneumonia.

- 39/22, M., 10.—Juvenile G.P.I. Syphilitic ulceration of palate. Vegetations on aorta. *Bronchiectasis*, broncho-pneumonia, and bronchitis.

LOBAR PNEUMONIA.

- 49/20, M., 62.—*Lobar pneumonia and grey hepatization.*
 77/20, M., 44.—*Grey hepatization. Early pleurisy. Dilatation of right heart.*
 39/21, M., 60.—*Grey hepatization with patches of red.*
 79/21, M., 53.—*Lobar pneumonia, double.*
 114/21, M., 60.—*Lobar pneumonia. Fatty and slightly fibrotic kidney. Arterio-sclerosis.*
 146/21, M., 32.—*Lobar pneumonia and pleurisy. Partial chronic intestinal obstruction from inguinal hernia.*
 76/25, M., 23.—*Lobar pneumonia and fibrinous pleurisy.*
 148/21, F., 27.—*Lobar pneumonia. Adhesive pericarditis. Chronic fibrotic kidneys.*
 201/21, M., —.—*Lobar pneumonia. Marked atheroma.*
 107/22, M., 76.—*Lobar pneumonia. Senile kidneys.*
 145/23, M., 38.—*Lobar pneumonia. Fatty liver.*
 67/24, M., 46.—*Lobar pneumonia. Silicosis. Hydropericardium and pleurisy with effusion.*
 70/24, M., 53.—*Lobar pneumonia and pleurisy.*
 193/24, M., 30.—*Lobar pneumonia and pleurisy.*
 140/24, F., 31.—*Lobar pneumonia. Diabetes (pancreas apparently normal). Cloudy swelling.*
 154/24, M., 44.—*Lobar pneumonia. Slight pulmonary tuberculosis. Atrophied right kidney.*
 48/20, F. 56?—*Lobar pneumonia (pneumococci grown), pleurisy and pericarditis.*
 81/20, M., 24.—(Kana.) *Lobar pneumonia. Haemorrhagic pericarditis.*
 113/20, F., 64.—*Lobar pneumonia. Pericarditis.*
 71/21, M., 61.—*Lobar pneumonia, purulent infiltration. Purulent pericarditis.*
 115/22, M., 38.—*Lobar pneumonia, massive. Collapse. Pleurisy. Pericarditis (pneumococcal).*
 141/20, M., 43.—*Pneumonococcal meningitis. Malignant aortic endocarditis. Infarcts of kidneys. Some pneumonia, old and recent.*
 106/20, M., 54.—*Lobar pneumonia. Otitis media, mastoiditis, pneumococcal meningitis.*
 99/24, M., 77.—*Large left empyema with compressed lung and patch of pneumonia. Pneumonic patch in right lung. Degenerated patch (? absorbed abscess) on surface of left kidney.*
 170/24, M., 70.—*Lobar pneumonia and empyema. Hypertrophied and dilated heart. Slight interstitial nephritis. Pleurisy with effusion.*
 3/23, M., 66.—*Pneumonia. Empyema.*
 121/24, M., 36.—*Lobar pneumonia (? influenzal), irregular. Alcoholic. Large soft spleen.*
 13/25, M., 48.—*Lobar pneumonia (alcoholic patient). Cholelithiasis, pericholecystitis and perihepatitis.*
 153/21, M., 33.—*Lobar pneumonia. Alcoholic. Fatty and toxic liver, toxic kidneys.*

- 22/23, M., 34.—*Lobar pneumonia, atypical ? alcoholic. Cloudy swelling. Atrophic left lobe of liver.*
- 197/24, M., 66.—*Lobar pneumonia (red hepatization ?). Hypostatic pneumonia. Some hypertrophy of left ventricle. Moderate interstitial nephritis. Atheroma of vessels at base of brain and softened areas (?) in occipital lobe.*
- 93/24, M., 76.—Red granular kidneys. Cardiac hypertrophy. *Lobar pneumonia.*
- 52/20, M., 66.—*Lobar pneumonia. Hypertrophied heart. Atheroma. Calcified aortic cusps. Granular kidneys.*
- 110/21, M., 79.—*Lobar pneumonia. Chronic interstitial nephritis, &c. Gallstone. Stricture of urethra.*
- 23/21, M., 69.—Aortic disease. Dilatation of aorta. Atheromatous ulcers. *Lobar pneumonia. Chronic interstitial nephritis. Organization of pleuritic exudate.*
- 116/24, M., 65.—Senile prostate—operation. Death from uraemia and *lobar pneumonia. Left pyelonephritis and chronic interstitial nephritis.*
- 86/21, M., 79.—Enlarged prostate. Retention of urine. Double pyelonephritis. *Lobar pneumonia.*
- 141/24, M., 68.—*Lobar pneumonia. Cerebral softening. Calcification and deformity of mitral and aortic cusps. Atheroma. Some interstitial nephritis.*
- 129/24, F., 2.—*Lobar pneumonia. Retropharyngeal abscess (post-scarlatinal).*
- 93/22, M., 47.—Duodenal ulceration. Operation. Subphrenic abscess. *Pneumonia.*
- 98/21, M., 65.—Brill's Disease (?). *Lobar pneumonia. Pleurisy. Gallstone.*
- 147/21, M., 69.—*Lobar pneumonia. Enormous hydatid of liver.*
- 21/24, F., 39.—Acute infective periostitis of scapula. *Lobar pneumonia. Chorea.*
- 92/24, F., 80.—Acute necrotic pancreatitis with fat necrosis. *Lobar pneumonia.*
- 60/20, M., 45.—Pulmonary tuberculosis. *Lobar pneumonia.*
- 62/21, M., 61.—*Lobar pneumonia and old pulmonary tuberculosis. Old tuberculosis of kidney and vesiculae seminales.*
- 78/25, M., 59.—Carcinoma of stomach. Chronic starvation. Atrophied heart. *Lobar and hypostatic pneumonia. Infarct in spleen. Small tuberculous focus in lung.*
- 172/24, M., 56.—Carcinoma of oesophagus, peritonitis after gastrostomy. *Lobar pneumonia and empyema.*
- 56/25, M., 68.—*Lobar pneumonia. Fractures of 3 ribs. Pus in pleura opposite them. Sero-fibrinous pericarditis.*
- 30/25, M., 73?—*Lobar pneumonia probably organizing with large abscess at base. Pleurisy. Early purulent pericarditis.*
- 77/24, M., 83.—*Lobar pneumonia and pulmonary abscess.*

BRONCHO-PNEUMONIA.

(See also under Bronchiectasis.)

- 47/24, M., 15 mos.—Half-caste aboriginal. *Broncho-pneumonia after whooping-cough.*
- 43/24, M., 79.—*Broncho-pneumonia. Cysts near pelves of both kidneys.*

- 59/24, M., 64.—*Broncho-pneumonia* with carcinoma of stomach and secondary anaemia.
- 120/24, M., 55.—*Broncho-pneumonia* with fracture of skull, &c.
- 124/24, M., 67.—*Patchy lobar and broncho-pneumonia*. Polyp of stomach with malignancy at base.
- 130/24, M., 66.—Ununited fracture of tibia with abscess formation. Chronic interstitial nephritis. Necrotic cystitis. Uraemia. *Broncho-pneumonia*.
- 136/24, F., 16.—Chronic diffuse nephritis. Hypertrophied heart. *Broncho-pneumonia*.
- 137/24, F., 58.—*Broncho-pneumonia*. Pulmonary tuberculosis.
- 142/24, F., 81.—*Purulent bronchitis and broncho-pneumonia*. Fibrosal patch on lung.
- 143/24, F., 25.—Plastic peritonitis following operation for tubo-ovarian abscess. *Broncho-pneumonia*.
- 159/24, M., 42.—*Broncho-pneumonia* with Hodgkin's disease.
- 195/24, M., 65.—*Broncho- and hypostatic pneumonia*. Old tuberculosis at right apex and in hilic glands.
- 158/24, M., 84.—Chronic interstitial nephritis. Hypertrophied heart. Infarct of heart wall. *Broncho-pneumonia*. Death from latter and heart failure.
- 75/24, M., 23.—Malignant endocarditis. Calcified nodule on mitral valve. Infarcts in spleen. *Broncho-pneumonia*.
- 120/21, M., 65-70.—Subdural haemorrhage. Pontine haemorrhage. Some *broncho-pneumonia*.
- 22/21, F., 9.—Patches of collapse and *broncho-pneumonia*. Slight hydropericardium.
- 85/21, F., 6.—Gangrenous appendix. General peritonitis. *Broncho-pneumonia*.
- 86/23, M., 79.—Cerebral softening, ? from atheromatous ulcer. *Bronchitis and broncho-pneumonia*. Atheroma. Fibro-sarcoma of groin.
- 151/23, F., 48.—*Broncho-pneumonia*. Empyema.
- 161/23, M., 66.—Gangrene of foot. Diabetes and acidosis (pancreas apparently normal). Abscess near vesiculae seminales. *Slight broncho-pneumonia*. Cyst in kidney.
- 132/23, M., 33.—*Broncho-pneumonia*. *Bronchitis*. Pulmonary fibrosis.
- 105/22, F., 31.—Exophthalmic goitre (operated on). *Hypostatic and broncho-pneumonia*.
- 106/22, F., 22.—*Broncho-pneumonia*. Exophthalmic goitre removed six years ago, now apparently myxoedematous.
- 124/22, F., 31.—*Broncho-pneumonia*. Adherent pericardium. Contracted kidney.
- 110/23, M., 71.—Enlarged prostate. Cystitis. Pyelitis. Fibrosed kidneys. Perinephritic inflammation. Uraemia. *Bronchiolitis and broncho-pneumonia*.
- 120/23, F., 46.—Carcinomatous deposit in glands of neck, superior mediastinum, etc. (? primary in breast). *Broncho-pneumonia*.
- 128/23, M., 68.—Anthracosis and fibrosis of lungs. *Broncho-pneumonia*. Effusion. Collapse.
- 133/23, M., middle aged.—*Broncho-pneumonia (slight)*. Death whilst having battery. Muscles contracted.

- 127/23, M., 64.—*Broncho-pneumonia*. Vegetations on aorta. Infarct in heart wall and clot. Cerebral embolism and softening. Polycystic kidneys.
- 39/22, M., 10.—Juvenile G.P.I. Syphilitic ulceration of palate. Vegetations on aorta. *Broncho-pneumonia, purulent bronchitis*, bronchiectasis.
- 88/23, M., 32.—Diabetic coma unaffected by insulin. *Bronchitis and slight broncho-pneumonia*. *Tracheitis*. Pus in middle ears and ethmoid. Old trauma in brain.
- 90/23, F., 59.—*Bronchitis, bronchiolitis and slight broncho-pneumonia*, some diffuse fibrosis and emphysema. Tuberculosis of hilic gland.
- 139/23, M., 55.—Necrotic cellulitis of pharynx and neck, probably from teeth or mouth. Periostitis of jaws, etc. Thrombosis of cavernous sinus. Haemorrhage over base of brain. *Broncho-pneumonia*.
- 64/20, M., 65.—Neoplasm of frontal lobe. *Broncho-pneumonia*.
- 174/24, M., 43.—Double tuberculous pyonephrosis. Tuberculosis of prostate. Surgical uraemia. *Slight broncho-pneumonia*.
- 208/24, F., 27.—Pneumococcal meningitis. *Broncho-pneumonia*. Recent confinement with thrombosis of right ovarian vein.
- 187/24, M., 53.—Adherent pericardium. Pleuritic adhesions. *Slight broncho-pneumonia, fibrosed patch near right hilum*. Slight interstitial nephritis. Death from toxæmia and heart failure.
- 34/24, M., 59.—Cicatricial stenosis near pylorus. *Broncho-pneumonia*, patch of organising lobar pneumonia. Pulmonary tuberculosis.
- 42/24, M., 60.—Adherent pericardium. Pleuritic adhesions. *Patches of red hepatization*. Early organisation at base. Hypertrophy of heart. Chronic interstitial nephritis. Chronic venous congestion.
- 136/21, M., 56.—Old abscess of lung. *Broncho-pneumonia*.
- 137/21, M., 44.—*Broncho-pneumonia*. Emphysema. Calcified mesenteric gland.
- 141/21, M., about 70.—Chronic pulmonary tuberculosis. Emphysema. *Terminal broncho-pneumonia*. Adherent pericardium. Aortic cusps calcified.
- 52/24, M., 51.—Subacute interstitial nephritis with azotaemic and hydraemic deficiency. Hypertrophied left ventricle. *Broncho-pneumonia*.
- 48/24, M., 69.—Lymphatic leukaemia. *Broncho-pneumonia with infarction*.
- 80/24, M., 30.—Ulcerative endocarditis. *Broncho-pneumonia*.
- 12/22, M., 69.—Slight pulmonary tuberculosis. *Some broncho-pneumonia*. Marked chronic interstitial nephritis.
- 88/22, M., 68.—Fractured skull, etc. *Broncho-pneumonia*. Slight interstitial nephritis.
- 47/23, M., 40.—Fracture of skull and ribs. *Broncho-pneumonia*.
- 99/23, M., 47.—Deaf and dumb. Subdural haemorrhage (probably not traumatic). *Bronchitis and bronchiolitis*. Ductus arteriosus present. Horse-shoe kidney.
- 157/22, M., 72. *Broncho-pneumonia*.
- 57/22, F., 27.—Toxaemia of pregnancy. *Broncho-pneumonia*.

- 45/25, M., 38.—*Broncho-pneumonia following tracheotomy for ? oedema of larynx.*
- 21/25, M., 38.—*Bronchiolitis and pneumonia. Tetanus ? (probably not). Alcoholism. Congestion of brain.*
- 79/20, M., 65.—*Broncho-pneumonia, small ulcerated patch between two lobes. Slight interstitial nephritis. Two or three pea-sized cysts in liver.*
- 187/21, M., 45.—*Aneurysm of aorta. Broncho-pneumonia. Cardiac hypertrophy. Fibrous growth over spleen.*
- 116/21, M., 76.—*Pulmonary tuberculosis with broncho-pneumonia. Arterio-sclerosis with arterio-sclerotic kidneys.*
- 142/21, F., 57.—*Enormous adiposity. Pituitary cyst. Broncho-pneumonia.*
- 118/21, M., 70.—*Epithelioma of larynx. Broncho-pneumonia. Calcified aortic cusps.*

INFLUENZAL TYPE OF PNEUMONIA.

- 50/20, M., 14.—*Pneumonia and pleurisy, ? influenzal.*
- 89/20, M., 54.—*Typical influenzal pneumonia.*
- 130/21, F., 29.—*Broncho-pneumonia (influenzal ?). Large spleen. Vegetations on mitral valve. Pregnancy (eight months).*
- 106/23, M., 65.—*Paralysis agitans (?). Pulmonary tuberculosis with cavity. Influenzal broncho-pneumonia. Tuberculous ulcers of intestine. Acute ulcers in stomach. Gall stones.*

HYPOSTATIC PNEUMONIA.

- 144/24, M., 61.—*Hypostatic pneumonia.*
- 146/24, F., 50.—*Abdominal section (nil definite found). Hypostatic pneumonia. Slight interstitial nephritis. Gall stones and contracted gall bladder.*
- 162/23, M., 71.—*Carcinoma of colon. Hypostatic pneumonia.*
- 108/23, M., 61.—*Fracture of spine and compression of spinal cord. Paraplegia. Hypostatic pneumonia.*
- 137/23, M., 85.—*Paralysis agitans. Hypostatic pneumonia.*
- 180/23, M., 50.—*Hypertrophied left ventricle. Granular contracted kidneys. Cerebral haemorrhage. Broncho-pneumonia.*
- 24/23, M., 28.—*Mild S. albus meningitis after removal of hydatid. Slight hypostatic pneumonia.*
- 56/22, F., 55.—*Chronic nephritis. Cardiac hypertrophy. Hypostatic pneumonia.*
- 61/22, M., 31.—*Alcoholic mania. Fatty liver. Hypostatic pneumonia ?*
- 139/22, M., 86.—*Cerebral softening. Hypostatic pneumonia.*
- 146/22, M., 29.—*Chronic interstitial nephritis. Hypertrophied heart. Hypostatic pneumonia.*
- 155/22, M., 57.—*Hypostatic pneumonia. Cardiac failure.*
- 156/22, M., 69.—*Hypostatic pneumonia. Fibrotic heart.*
- 27/21, M., 37.—*Negro. Atheroma of aorta. Chronic venous congestion. Hypostatic pneumonia.*
- 4/21, F., 38.—*Chronic kidney changes. Recent vegetations on mitral valve. Spleen enlarged, old infarcts. Terminal pneumonia.*
- 9/21, F., 36.—*Streptococcal septicaemia. Malignant endocarditis. Infarcts of spleen, kidney. Hypostatic pneumonia.*

- 14/21, M., 63.—*Hypostatic pneumonia*. Paralysis agitans.
- 44/21, M., 54.—Acute ulcerative colitis. *Hypostatic pneumonia*.
- 48/21, M., 56.—Extradural haemorrhage. Moderate fibrosis of kidneys. Perisplenitis. *Hypostatic pneumonia*.
- 64/21, M., 69.—Arterio-sclerosis. Hypertrophied heart. *Hypostatic pneumonia*.
- 52/21, M., 18.—Sub-acute nephritis becoming chronic. Hypertrophy of heart. *Hypostatic pneumonia*. Diverticulum of oesophagus.
- 65/21, M., 54.—Operation for double herniae. Intra- and retro-peritoneal haemorrhage. Dilatation of stomach and bowel. Emphysema. *Hypostatic pneumonia*.
- 82/21, M., 53.—Aortic valvular disease. Syphilitic aortitis. *Hypostatic pneumonia*.
- 134/23, M., 57.—Red granular kidneys. Hypertrophied left ventricle. Heart failure. *Oedema and hypostatic pneumonia*. Atheroma.
- 104/22, M., 55.—Malignant growth of clavicle (primary in maxilla). Old infarcts (?) in lung. *Hypostatic pneumonia*.
- 113/22, M., 67.—Red granular kidneys. Hypertrophy of left ventricle. *Hypostatic pneumonia*.
- 132/22, F., 69.—*Hypostatic pneumonia*. Pericarditis.
- 130/22, M., 80.—Aortic stenosis. *Hypostatic pneumonia*. Enlarged prostate.
- 85/22, F., 85.—Strangulation of femoral hernia. Acute bronchitis and *hypostatic pneumonia*.
- 104/23, M., 23.—Organizing lobar pneumonia, old infarction, two abscess cavities. *Hypostatic pneumonia of other lung*.
- 58/25, M., 72.—*Hypostatic pneumonia* and silicosis of lung. Large soft spleen. Slight interstitial nephritis.
- 134/21, M., 79.—*Hypostatic pneumonia*. Thrombi in right auricular appendix. Haemorrhagic suprarenals. Atheroma.
- 181/23, M., 84.—Occlusion of renal artery with atrophy of kidney. Marked atheroma. Gangrene of feet. *Hypostatic pneumonia*. Calcified aortic cusps with cardiac hypertrophy and dilatation.
- 70/25, M., 58.—Cirrhosis of liver, ascites. *Hypostatic pneumonia*.
- 73/25, F., 26.—Alcoholic peripheral neuritis. Bedsore. *Hypostatic pneumonia*.
- 3/25, F., 60.—*Hypostatic pneumonia*. Thrown from sulky six weeks before. Healed fracture of clavicle. Goitre.
- 49/25, F., 53.—Alcoholic wet brain. *Hypostatic pneumonia*. Simple cyst of kidney.
- 41/25.—M., 55.—Fracture of manubrium sterni, etc. *Hypostatic pneumonia* and pleurisy.
- 24/25, M., 63.—Fractures of leg, arm. Extensive bruising. *Hypostatic pneumonia (nine days after admission)*.
- 2/25, F., 69.—Dilatation of right heart. Chronic venous congestion. Arterio-sclerosis. *Some hypostatic pneumonia*. Some interstitial nephritis. Chronic pancreatitis.
- 44/20, M., 80.—Marked atheroma. *Some pneumonic consolidation (? hypostatic)*. Early red granular kidneys.
- 74/21, M., 53.—Diabetes, tough shrunken pancreas. Chronic interstitial nephritis. *Hypostatic pneumonia*.

- 59/21, M., 77.—Chronic ulcer of leg. Emphysema. *Hypostatic pneumonia*. Fatty infiltration of heart. Chronic interstitial nephritis with cysts.
- 57/25, M. 66.—Extreme atheroma of aorta, syphilitic aortitis. Dilatation of aortic ring. Saccular aneurysms above and below the diaphragm. *Hypostatic pneumonia*.
- 97/23, M., about 60.—Chronic interstitial nephritis. Much cardiac hypertrophy. *Hypostatic pneumonia*. Aortitis (? syphilitic).

SEPTIC PNEUMONIA.

- 15/23, M., 51.—*Purulent bronchitis*. *Septic broncho-pneumonia*. Resolving lobar pneumonia. Perineal sinuses, abscess behind bladder, cystitis, pyelitis.
- 88/24, M., 67.—Epithelioma, apparently rodent, behind the ear, invading middle fossa. *Broncho-pneumonia with small infective cavity and hypostatic pneumonia*.
- 18/21, F., 30.—*Septic broncho-pneumonia* after confinement.
- 184/24, F., 39.—*Septic pneumonia* (? *inhalation pneumonia* after anaesthesia and gall stones operation).
- 189/24, M., 77.—*Inhalation broncho-pneumonia* (?) in left lung, following rabbit bone in throat, *hypostatic pneumonia* of right base, *pharyngitis*, *tracheitis*. Dilated and hypertrophied heart. Some interstitial nephritis.
- 30/23, M., 14.—*Pyæmia*. Abscess in liver, abscess between lung and vertebral column. *Septic pneumonia*.
- 103/20, F., 41.—Puerperal sapraemia. Infective thrombosis of uterine vein. *Infected infarcts of lung with subsequent empyema*. Toxic liver and kidneys.
- 93/20, F., 43.—Acute infective pyæmic nephritis. *Pyæmic foci in lungs with pleurisy*.
- 31/25, M., 23.—*S. aureus* cellulitis of lip and face. *Pyæmic pneumonia*, pleurisy, pericarditis, toxæmia.
- 135/20, M., 30.—Sepsis following tooth extraction, retropharyngeal ulceration. *Aspiration pneumonic foci with cavitation*.
- 162/22, M., 66.—Aneurysm of ascending aorta. *Septic pneumonia* (?). Compression of lung and bronchitis.

ABSCESS OF LUNG.

- 104/24, M., 60.—Carcinoma of prostate (?), malignant retroperitoneal glands. *Abscess* and secondary deposit in lung.
- 50/24, M., 53.—Chronic pulmonary tuberculosis with cavities. Silicosis ?. *Abscess in upper lobe*. Some interstitial nephritis.
- 77/24, M., 83.—Lobar pneumonia. *Pulmonary abscess*.
- 136/21, M., 56.—*Old abscess of lung*. Broncho-pneumonia.
- 143/21.—F., 46.—Carcinoma of breast, fungating. Empyema. *Abscess of lung*.
- 203/23, M., 42.—Chronic adhesive peritonitis. Chronic interstitial nephritis. *Abscess of lung* and some tuberculosis.
- 77/22, F., 55.—Subphrenic abscess after cholecystostomy. *Abscesses in abdominal wall, lung*. *Septic broncho-pneumonia*. Goitre.
- 104/23, M., 23.—Organizing lobar pneumonia. Old infarct of lung and two abscess cavities. Hypostatic pneumonia of other lung.

- 1/23, M., 34.—*Infarct-like areas with purulent foci in lung. Purulent bronchiolitis. Syphilitic (?) cirrhosis of liver. Large firm spleen. Syphilitic softening of frontal lobe.*
- 58/23, M., 84.—*Enlarged prostate. Hypertrophy of bladder. Pulmonary abscess. Atheroma. Necrotic focus in testis.*
- 101/23, F., 22.—*Insane patient. Abscess in lung. Broncho-pneumonia.*
- 68/23, F., 36.—*Organizing pneumonia, small abscess cavities with masses of cocci. Oedema of legs. Thought to be miscarriage—no evidence of pregnancy.*
- 82/23, M., 60.—*Prostatectomy. Cystitis. Perinephritis. Calculous pyelitis. Abscess of lung with broncho-pneumonia.*
- 154/23, M., 14.—*Acute infective periostitis, etc. (S. aureus.) Tricuspid malignant endocarditis. Pulmonary infarcts and abscesses. Cloudy swelling.*
- 30/23, M., 73?—*Lobar pneumonia, probably now organizing, with large abscess cavity at base. Pleurisy. Early purulent pericarditis.*

GANGRENE OF LUNG.

- 180/24, M., 80.—*Epithelioma of oesophagus. Perforation of bronchus. Gangrene of lung.*
- 196/24, M., 40.—*Foetid empyema. Right lung compressed with gangrenous patch. Chronic interstitial nephritis.*
- 153/24, M., 75.—*Carcinoma of oesophagus. Invasion of lung with gangrenous cavity. Fatty infiltration of heart.*
- 89/23, M., 60.—*Old dislocated hip. Kyphosis, scoliosis, and lordosis. Bronchitis, peribronchiolitis, bronchiectasis, gangrene of lung and broncho-pneumonia.*

ORGANIZATION IN LUNGS.

- 164/24, M., 78.—*Organization of lungs with tuberculosis and carcinoma.*
- 177/24, M., 20.—*Drained empyema. Compressed lower lobe of lung with some organization and haemorrhage. Haemorrhagic speckling of lungs. Peritonitis. Enlarged spleen.*
- 207/24, M., 69.—*Hypertrophied and dilated left ventricle. Chronic venous congestion. ? Some chronic interstitial nephritis. Consolidated firm area in lung.*
- 108/24, M., 50.—*Operation for adherent Meckel's diverticulum. Paralytic ileus. Peritonitis. Organization of anterior tongue of upper left lobe.*
- 34/24, M., 59.—*Patch of organizing pneumonia. Broncho-pneumonia and slight pulmonary tuberculosis. Circatricial contraction at pylorus probably from old duodenal ulcer.*
- 42/24, M., 60.—*Early organization (?), patches of red hepatization. Adherent pericardium. Some interstitial nephritis. Hypertrophied heart. Chronic venous congestion.*
- 141/20, M., 43.—*Pneumococcal meningitis. Malignant endocarditis. Infarcts of both kidneys. Some pneumonic consolidation, partly old, also recent.*

- 68/25, F., 36.—*Organizing pneumonia*, abscess cavities and masses of cocci. Oedema of legs. Thought to be miscarriage, no evidence of pregnancy.
- 115/21, M., 52.—Enlarged gland in superior mydiastinum. Broncho-pneumonia with *commencing organization*. Atheroma of aortic and mitral valves.
- 30/25, M., 73.—(?) *Lobar pneumonia*, probably now *organizing* with large abscess cavity at base. Pleurisy. Early purulent pericarditis.
- 52/25, M., 29.—Old ankylosed tuberculous hip with sinuses. *Organizing lobar pneumonia*. Extensive lipoid and amyloid changes in kidneys. Large spleen. Gallstone.
- 36/20, M., 19.—*Carnification of lungs*. Infarets in lungs. Extensive vegetations, defect in interventricular septum. Large septic spleen.
- 139/21, M., 56.—*Organizing pneumonia (fibrosis)*. Bronchitis. Hypertrophy of right ventricle.
- 166/21, M., 66.—*Intestinal fibrosis and organization of lung* (? *silicosis or post-influenzal*). Hypertrophy of heart. Arterio-sclerotic kidneys.
- 112/22, M., 55.—*Unresolved pneumonia (carnifying)*. Hypertrophy of left ventricle. Pericardial adhesions. Chronic interstitial nephritis with adenomata.
- 117/22, M., 48.—*Carnified lung after pneumonia*. Large white fatty kidneys. Submaxillary abscess. Large thyroid. Sigmoid diverticulum with inflammation.
- 13/23, F., 55.—*Carnification of both lungs*. Thrombosis in subclavian and axillary vessels, etc. Some interstitial nephritis.
- 23/23, M., 64.—*Marked interstitial pneumonia (alveolar type) in both lungs, probably secondary to lobar pneumonia*. Patch of late red hepatisation.
- 59/23, M., 67.—*Organizing pneumonia with gumma*. Hypertrophied heart. Intense atheroma. Interstitial nephritis. Old cerebral softening.
- 80/23, M., 39.—*Carnification of lungs* (? *old pneumonic influenza*). Old empyemas. Calcified nodules in liver and spleen. Old tuberculosis at apices.
- 103/23, M., 68.—*Organizing lobar pneumonia*. Broncho-pneumonia. Right heart failure. Slight tuberculosis of lung and old hilic gland.
- 104/23, M., 23.—*Organizing lobar pneumonia* (? *influenzal*), old infaret, two abscess cavities. Hypostatic pneumonia of other lung.
- 114/23, M., 50.—*Organizing broncho-pneumonia, bronchitis*. Syphilitic aortitis (?). Large, firm spleen.
- 115/23, M., 59.—*Unresolved lobar pneumonia* and infarets (?) in lungs (? *influenzal*). Red granular kidneys with acute changes. Hypertrophied heart.
- 146/23, M., 55.—*Partly organized lobar pneumonia at right apex*. Red granular kidneys. Hypertrophied and dilated heart.
- 185/23, F., 21.—Bronchietasis with *organization of lung with degenerated area*. Verrucosities on mitral valve.
- 89/23, M., 60.—Old dislocation of hip with absorption. Kyphosis, scoliosis, and lordosis. Bronchiolitis, etc. *Marked organization of lung*.

PULMONARY SILICOSIS.

- 22/24, M., 40.—*Pulmonary silicosis, dense. Distended right heart.*
- 50/24, M., 53.—*Pulmonary tuberculosis (?) with cavities at bases. Silicosis (?) with abscess in upper lobe. Some interstitial nephritis.*
- 67/24, M., 46.—*Lobar pneumonia. Silicosis (dense fibrosis and silicotic tubercles). Hydropericardium and pleurisy with effusion.*
- 160/24, M., 65.—*Chronic interstitial nephritis. Hypertrophied and dilated heart. Chronic venous congestion. Slight pulmonary tuberculosis and silicosis.*
- 42/22, M., 55.—*Pernicious anaemia. Diffuse pleuritic nodules in lungs.*
- 65/23, M., 39.—*Silicosis (dense). Pulmonary tuberculosis.*
- 33/23, M., 53.—*Intense silicosis (gold miner). Purulent pleurisy. Hypertrophy of right ventricle.*
- 113/23, M., 50.—*Chronic interstitial nephritis. Hypertrophied heart. Slight silicosis.*
- 128/23, M., 68.—*Anthracosis and fibrosis of lungs. Broncho-pneumonia. Effusion. Collapse.*
- 70/20, M., 45.—*Pulmonary syphilis (?) with anthracosis.*
- 58/25, M., 72.—*Hypostatic pneumonia and silicosis. Large soft spleen. Slight interstitial nephritis.*
- 148/23, M., 53.—*Chronic empyema with communication with bronchus. Silicosis, dense with scattered nodules.*

FIBROSIS OF LUNGS.

- 26/25, M., 64.—*Fibrosis (slight, ? silicosis early). Pulmonary congestion. Calcified mesenteric glands. Hard gland near lesser curvature of stomach. Circulatory failure.*
- 27/22, M., 51.—*Strychnine poisoning. Fibrosis and bronchiolitis, ? tuberculous*
- 87/23, M., 70.—*Diffuse fibrosis of lungs with bronchitis. Hypertrophy of left ventricle.*
- 76/23, M., 83.—*Left pyonephrosis. Fibrosed oedematous lungs.*
- 90/23, F., 59.—*Bronchitis, bronchiolitis, slight broncho-pneumonia, some diffuse fibrosis and emphysema. Tuberculosis of hilic gland.*
- 140/21, M., 38.—*Marked fibrosis and pigmentation of lung. Hypertrophy and dilatation of right heart.*

SYPHILIS OF THE LUNG.

- 197/21, M., 34.—*Chronic nephritis (Wassermann positive). Gumma (?) in lung.*
- 204/23, M., 60.—*Chronic fibrosis (Wassermann positive) of upper lobe of right lung. Chronic interstitial nephritis.*
- 192/23, F., 55.—*Red punctate spots in brain (? softening). Syphilitic aortitis, thickening at bifurcation of aorta. Fibrosis of lungs.*
- 32/22, M., 40.—*Gumma (?) of lung. Enormously hypertrophied right heart without obvious cause.*
- 70/20, M., 45.—*Pulmonary syphilis (?) with anthracosis.*

INTERSTITIAL EMPHYSEMA.

- 171/21, F., 87.—*Bronchitis. Coronary atheroma. Slight fibrosis of kidneys. Calcified hydatid of liver. Interstitial emphysema.*

- 171/24, M., 13.—Bilateral tuberculous pyelitis, etc., with secondary tuberculous peritonitis. Injury from cystoscopy with haemorrhage into pelvic tissues and extravasation of urine. *Interstitial emphysema of lungs (slight)*.

EMPHYSEMA.

- 55/24, M., 81.—Intense ulcerative entero-colitis. *Emphysema*. Slight interstitial nephritis.
- 52/22, M., 65.—Acute bronchitis. *Emphysema*. Congestion of lungs.
- 46/23, M., 68.—*Emphysema*. Marked peripheral atheroma and clot in popliteal artery leading to gangrene.
- 36/23, F., 56.—Serous meningitis, alcoholism. *Emphysema*.
- 90/23, F., 59.—Bronchitis, bronchiolitis, slight broncho-pneumonia, some diffuse fibrosis and *emphysema*. Tuberculosis of hilic gland.
- 51/21, F., 70.—Bronchitis and *emphysema*. Heart failure.
- 153/23, M., 76.—Chronic duodenal ulcer. *Emphysema*. Atrophy of organs. Haemorrhage from duodenal ulcer.
- 135/21, M., ?.—*Emphysema*. Myocardial degeneration.
- 137/21, M., 44.—*Emphysema*. Broncho-pneumonia. Calcified mesenteric gland.
- 99/21, M., 102.—Gangrene of bladder. Peritonitis. Pyelitis (unilateral). Atheroma. *Emphysema*.
- 34/23, M., 60.—Chronic interstitial nephritis. Hypertrophy of left ventricle. *Emphysema*. Fibrosis of heart muscle ? Amyotrophic lateral sclerosis.
- 141/21, M., about 70.—Chronic pulmonary tuberculosis. *Emphysema*. Terminal broncho-pneumonia. Adherent pericardium. Aortic cusps calcified.
- 28/22, M., 55.—Death under CHCl_3 . Fistula in ano, ischio-rectal abscess. *Some emphysema*. Heart pale, soft, etc.
- 119/22, M., 70.—*Emphysema*. Marked atheroma of aorta. Slight interstitial nephritis. Haemorrhage after operation for recurring malignant glands. ? Cerebral embolism from detached clot from aorta.
- 71/22, M., 57.—Asthma. *Emphysema*. Purulent bronchitis. Bilateral renal adenomata.
- 65/21, M., 54.—Operation for double hernia. Intra- and retroperitoneal haemorrhage. Dilatation of stomach and bowel. *Emphysema*. Hypostatic pneumonia.

(ACUTE) PULMONARY OEDEMA.

- 173/24, M., 14.—*Acute pulmonary oedema* following epileptic fit. Old injury to temporo-sphenoidal lobe. Persistent thymus. Large hyperplastic lymphatic nodular elevations in lower ileum.
- 20/25, F., 64.—Cheyne-Stokes respiration. Acute mania. Wasting. Tuberculous cavity in lung. *Pulmonary oedema*. Failing right heart. Mediastinal abscess.
- 201/23, M., 67.—Syphilitic (?) aortitis. Stenosis of coronary artery. Fibrosis of pylorus. *Pulmonary oedema*.
- 158/22, M., 63.—Malignant aortic endocarditis. Infarct of kidney. Mediastinal abscess. *Oedema of lungs*.

COLLAPSE OF LUNG.

- 113/21, F., 79.—Necrosis of cervix uteri (? malignant), of vaginal vault, &c. Hydronephrosis. Congestion and *collapse of lung*.
- 131/21, F., 46.—Mental depression. *Collapse of lobe of lung*. Hard faeces in colon. Acidosis.
- 62/25, F., 60.—Hydatid of liver. Left subphrenic abscess. Empyema (foul). *Collapse of lung*. Calculi in right kidney.

VARIOUS LESIONS OF THE LUNGS.

- 16/23, F., 47.—Hypertrophied and dilated heart, &c. *Simple air cyst of lung*.
- 59/22, M., 54.—Granular kidneys. *Fibrotic nodules in lung*. *Congeries of cavities in basal rims*.

ASTHMA.

- 71/22, M., 57.—*Asthma*. Emphysema. Purulent bronchitis. Bilateral adrenal adenomata.

PLEURITIC EFFUSION.

- 83/21, F., 33.—Puerperal septicaemia. Vegetations on right of interventricular septum. Pericarditis. *Pleurisy with effusion*. Infarcts in lungs.
- 111/21, F., 67.—Chronic interstitial nephritis. Cardiac hypertrophy and dilatation. Mitral thickening. *Pleuritic effusion with adhesions*.

LESIONS OF THE MEDIASTINUM.

- 115/21, M., 52.—*Enlarged gland in superior mediastinum*. Broncho-pneumonia with commencing organisation. Atheroma of aortic and mitral valves.
- 54/25, M., 57.—Operation for epithelioma of tonsil and jaw. *Pus in mediastinum and left pleural cavity from laryngotomy wound*. Hypostatic congestion of lungs.

EMPHYEMA.

(See also under Lobar Pneumonia and Septic Pneumonia.)

- 85/24, M., 66.—Ascites, perihepatitis, &c., with fine cirrhosis. *Empyema with collapse of lung*.
- 87/24, M., 70.—Pulmonary tuberculosis (extensive). *Inspissated empyema*. Tumour-like congeries of veins in abdomen.
- 43/20, M., 40.—Pyloric ulcer. Subphrenic abscess. Peritonitis. *Empyema and collapse of lung*.
- 6/22, M., 30.—*Large empyema*. Bronchiectasis. Subacute nephritis.
- 89/22, F., 35.—Puerperal sepsis. Retroperitoneal abscess. Purulent peritonitis. *Double empyema*. Toxic kidneys.
- 135/22, F., 60.—*Drained empyema*. Pyelonephritis.
- 143/21, F., 46.—Carcinoma of breast, fungating. *Empyema*. Abscess of lung.
- 33/23, M., 53.—Intense silicosis (goldminer). *Purulent pleurisy*. Hypertrophy of right ventricle.
- 151/23, F., 48.—Broncho-pneumonia. *Empyema*.
- 187/23, F., 63.—Operation for infected ovarian cyst. *Secondary peritonitis and pleurisy*.

- 122/22, M., 23.—*Empyema*. Bronchiectasis. Purulent pericarditis.
 76/22, M., 61.—Carcinoma of oesophagus. *Empyema*. Pericarditis.
 Marked atheroma.
 41/23, F., 46.—Purulent peritonitis and *double pleurisy with empyema*. Pyonephritis with stone and perinephritis. (? Cause of peritonitis.)
 85/23, M., 67.—*Very large empyema*. Collapse of lung. Hypertrophied heart. Chronic interstitial nephritis.
 35/20, M., 67.—*Empyema*. Collapse of lung. Abdominal aneurysm. Granular contracted kidneys.
 96/21, M., 48.—*Empyema* with small abscess of lower lobe. *Rupture of empyema into bronchus*. Partial fusion of aortic cusps.
 148/23, M., 53.—*Chronic empyema with communication with bronchus*. Silicosis.
 56/25, M., 63.—Lobar pneumonia. Fracture of three ribs, with *pus in pleura opposite them*. Sero-fibrinous pericarditis.
 62/25, F., 60.—Hydatid of liver. Subphrenic abscess (left). *Empyema (foul)*. Collapse of lung. Calculi in right kidney.

VIII.—Urinary System and Male Generative Organs.

ACUTE AND SUBACUTE NEPHRITIS.

- 153/24, F., 34.—*Large waxy-looking kidneys with serous effusion into glomeruli and tabules—exudative nephritis*. Calculi. Vegetations on tricuspid valve. Oedema. Patch of broncho-pneumonia (? tuberculous). White specks in spleen.
 14/22, M., 72.—Otitis media, adjacent osteitis. *Marked interstitial changes in rather large kidneys with parenchymatous degeneration*.
 30/22, M., 51.—*Subacute nephritis (large white kidneys)*. Some cardiac hypertrophy. Hypostatic pneumonia.
 52/24, M., 51.—*Subacute interstitial nephritis with hydraemic and azotaemic deficiency*. Hypertrophy of left ventricle. Broncho-pneumonia.
 117/22, M., 48.—Carnified lung after pneumonia. *Large white fatty kidneys*. Submaxillary abscess. Large thyroid. Sigmoid diverticulitis.
 100/23, F., 63.—Mitral stenosis. Recent slight pericarditis. Old infarcts in lung. Acute haemorrhagic pancreatitis. *Peculiar greenish-grey kidneys showing subacute nephritis with polymorphs*. Marked atheroma (? syphilitic).
 6/22, M., 30.—Large *empyema*. Bronchiectasis. *Subacute nephritis (? cloudy swelling)*.
 93/20, F., 43.—*Acute infective pyaemic nephritis*. Pyaemic foci in lungs with pleurisy.

SUBACUTE AND CHRONIC NEPHRITIS OCCURRING IN YOUNG PERSONS.

- 58/22, F., 25.—*Chronic interstitial nephritis following an acute attack five years before*. Moderate cardiac hypertrophy. Uraemia.

- 25/23, F., 15.—*Chronic parenchymatous and interstitial nephritis.* Patent foramen ovale. Lungs firm. Hypertrophied heart.
- 52/21, M., 18.—*Subacute nephritis, becoming chronic.* Hypertrophy of heart. Hypostatic pneumonia. Diverticulum of oesophagus.
- 125/22, M., 26.—*Subacute nephritis.* Cardiac hypertrophy.
- 12/24, M., 22.—*Chronic interstitial nephritis.* Arterio-sclerosis. Hypertrophy of left ventricle. Subdural haemorrhage.
- 136/24, F., 16.—*Chronic diffuse nephritis.* Hypertrophied heart. Broncho-pneumonia.

CHRONIC INTERSTITIAL NEPHRITIS AND GRANULAR CONTRACTED KIDNEYS.

- (With Cardiac Hypertrophy, see under Vascular Lesions.)
- 42/20, M., 79.—Necrotic purulent foci round left shoulder. Atheroma *Red granular kidneys.*
- 53/22, M., 39.—*Red granular contracted kidneys.* Hypertrophied heart.
- 198/23, M., 70.—Carcinomatous deposits in liver, etc., ? from prostate. *Red granular contracted kidneys.* Atheroma.
- 142/22, M., 82.—Cellulitis of orbit and scalp. *Red granular kidneys.* Enlarged prostate. Clot in descending aorta.
- 44/20, M., 80.—*Early red granular kidneys.* Marked atheroma. Some pneumonia.
- 80/22, M., 74.—Gouty fingers. *Granular kidneys with gouty streaks.* Double inguinal herniae. Hydrocele. Atheroma.
- 95/21, M., 61.—Fractured femur. Delirium tremens. Dilatation of stomach. *Granular contracted kidneys.* Fatty infiltration of heart.
- 35/20, M., 67.—Emphysema. Collapse of lung. Abdominal aneurysm. *Granular contracted kidneys.*
- 73/20, M., 90.—Fatty degeneration of heart. Congestion of lungs. *Granular kidneys (cystic).*
- 40/22, M., 62.—Syphilitic aortitis. Aortic aneurysm. Small mitral vegetations. Cerebral softening. *Contracted kidneys.*
- 175/23, M., 65.—Cerebral haemorrhage. *Contracted kidneys.* Oedema and congestion of lungs.
- 15/24, F., 62.—Cerebellar haemorrhage. Cerebral softening. Atheroma. *Granular contracted kidneys.*
- 124/22, F., 31.—Broncho-pneumonia. Adherent pericardium. *Contracted kidneys.*
- 111/23, M., 64.—*Pale granular contracted kidneys.* Bronchiolitis. Hypostatic congestion.
- 116/21, M., 76.—Pulmonary tuberculosis with broncho-pneumonia. *Arterio-sclerosis with arterio-sclerotic kidneys.*
- 138/21, F., 60.—Thrombosis of right ovarian vein. Infarcts of lung. Tuberculosis of lung. A.m. thrombi in left ventricle with degeneration of wall. *Moderate interstitial nephritis.*
- 150/21, F., 51.—Subhepatic abscess. Fatty degeneration and infiltration of heart. *Chronic interstitial nephritis.*
- 9/22, F., 79.—Degenerated area with haemorrhage in lenticular nucleus. *Chronic nephritis with cysts.* Atheroma. Empyema of gall-bladder and stone.

- 12/22, M., 69.—Slight pulmonary tuberculosis. Some broncho-pneumonia. *Marked chronic interstitial nephritis.*
- 122/21, F., 56.—Strangulated hernia. *Moderate chronic nephritis.*
- 197/21, M., 34.—*Chronic nephritis.* Gumma (?) of lung. (Wassermann positive).
- 182/21, M., 55.—Pulmonary tuberculosis. Tuberculous ulcers of intestine. *Chronic interstitial nephritis.*
- 148/21, F., 27.—Lobar pneumonia. *Chronic fibrotic kidneys.* Adherent pericardium.
- 196/24, M., 40.—Foetid empyema. Right lung compressed with gangrenous patch. *Chronic interstitial nephritis (kidneys 2½ ozs. each).*
- 197/24, M., 66.—Lobar and hypostatic pneumonia. *Moderate interstitial nephritis.* Some hypertrophy of left ventricle. Atheroma of vessels at base of brain and softened areas (?) in occipital lobe.
- 116/24, M., —.—Senile prostate—operation, death from uraemia and lobar pneumonia. Left pyelonephritis and *chronic interstitial nephritis.*
- 147/22, M., —.—Tuberculosis of lungs, intestine, mesenteric glands. *Chronic interstitial nephritis.*
- 105/21, M., 82.—Intracapsular fracture of femur. Pulmonary congestion. *Renal fibrosis.* Slight mitral stenosis.
- 23/21, M., 69.—Aortic disease. Dilatation of aorta. Atheromatous ulcers. Lobar pneumonia. *Chronic interstitial nephritis.* Organization of pleuritic exudate.
- 77/23, M., 75.—Atheroma—clot on ulcer. *Chronic interstitial nephritis.* Purulent cystitis. Hypertrophy of bladder. Stricture of urethra, false passage, stone. Internal haemorrhoids.
- 120/23, M., 66.—Gangrene of foot. Pericarditis. Organising clot in auricular appendix. Atheroma. *Arterio-sclerotic kidneys.* Degenerated area in occipital lobe. Early erosion of cartilage of knee.
- 104/21, F., 79.—Thrombosis in left ventricle. Infarcts in lung, kidney. *Chronic interstitial nephritis.* Mitral thickening. Atheroma. Tortuous splenic artery.
- 139/24, F., 66.—Softening of pons. Coronary atheroma. *Chronic interstitial nephritis.*
- 60/23, M., 73.—Acute traumatic arthritis of knee. Toxic myocarditis. Slight fibrosis of liver. *Chronic interstitial nephritis.* Subdural haemorrhage.
- 135/24, M., 83.—Carcinoma of rectum with deposit. *Chronic interstitial nephritis.*
- 138/21, F., 60.—Thrombosis of right ovarian vein. Infarcts of lung. A.m. thrombi in wall of left ventricle with degeneration of wall. Caseous tuberculous nodules in lung. *Moderate interstitial nephritis.*
- 4/21, F., 38.—Recent vegetations on mitral valve. Spleen enlarged, old infarcts. Terminal pneumonia. *Chronic kidney changes.*
- 48/21, M., 56.—Extradural haemorrhage. *Moderate fibrosis of kidneys.* Hypostatic pneumonia.
- 7/23, M., 67.—*Chronic interstitial nephritis.* Atheroma of aorta and cerebral vessels. Cerebral thrombosis and softening.

- 164/23, M., 65.—*Marked chronic interstitial nephritis.* Bead-like elevations in pelvis and ureters (ureteritis cystica).
- 204/23, M., 60.—Chronic fibrosis of upper lobe of right lung (Wassermann positive). *Chronic interstitial nephritis.*
- 203/23, M., 42.—Chronic adhesive peritonitis. *Chronic interstitial nephritis.* Abscess of lung and some tuberculosis.
- 107/22, M., 76.—Lobar pneumonia. *Senile kidneys.*
- 111/22, M., 67.—Tumour removed four years ago. Nodule below mastoid. Deposits in lungs. Haemorrhages. *Chronic nephritis.*
- 110/21, M., 79.—Lobar pneumonia. Polypus of bladder. Old urethral fistula and stricture. Diverticulum of bladder. *Chronic interstitial nephritis with cysts.* Gallstones.
- 162/21, M., 77.—Cerebral haemorrhage. *Arterio-sclerotic kidneys.* Atheroma.
- 136/23, F., 47.—Pelvic abscess. Cystitis, pyelitis. *Chronic interstitial nephritis.* Anaemia.
- 8/25, F., —.—Cerebellar haemorrhage. Old absorbed haemorrhage in parietal lobe. Atheroma of cerebral vessels. *Chronic interstitial nephritis.*
- 110/24, F., 64.—*Chronic interstitial nephritis.* Atheroma of aortic valve.
- 130/24, M., 66.—Ununited fracture of tibia with abscess formation. *Chronic interstitial nephritis.* Necrotic cystitis. Broncho-pneumonia. *Uraemia.*
- 88/20, M., 86.—Gangrene of foot. Marked atheroma. *Arterio-sclerotic kidneys.* Gall-bladder and ducts distended, with enlarged lymph glands.
- 30/21, M., 40.—*Moderate interstitial nephritis.* Adhesions at base of brain with distension of ventricles.
- 57/21, M., 70.—Fibroid phthisis. *Chronic interstitial nephritis.*
- 59/21, M., 77.—Chronic ulceration of leg. Emphysema. Hypostatic pneumonia. Fatty infiltration of heart. *Chronic interstitial nephritis with cysts.*
- 74/21, F., 57.—Diabetes, tough shrunken pancreas. *Chronic interstitial nephritis.* Hypostatic pneumonia.
- 84/22, M., 68.—Fractures of skull and ribs. *Interstitial nephritis.*
- 86/22, M., 84.—*Chronic nephritis.* Adenomatosis of prostate. Healed duodenal ulcer.
- 94/22, M., 74.—Coronary atheroma. Degenerated area in left ventricle. Aortic atheroma. Gangrene of toes. *Scarred kidneys.*
- 27/23, M., 76.—Diarrhoea. *Chronic parenchymatous and interstitial nephritis?*
- 13/24, M., 77.—Dysenteric ulceration of colon. *Fibrotic kidneys with cysts.*
- 59/22, M., 54.—*Granular kidneys.* Fibrotic nodules in lungs, with congeries of cysts at basal rims.
- 183/24, M., 81.—Atheromatous aneurysm of thoracic aorta eroding vertebrae and ribs. Hypertrophy of heart. *Chronic interstitial nephritis.*
- 11/24, F., 75.—Mitral disease. Atheroma. Pleural effusion. *Fibrotic kidneys.*
- 31/21, M., 72.—*Chronic interstitial nephritis.* Atheroma of aorta.

- 141/24, M., 68.—Lobar pneumonia. Cerebral softening. Calcification and deformity of mitral and aortic cusps. Atheroma. *Some interstitial nephritis.*
- 146/24, F., 50.—Abdominal section (nil definite found). Hypostatic pneumonia. *Slight interstitial nephritis.* Gallstones and contracted gallbladder.
- 187/24, M., 53.—Adherent pericardium. Pleuritic adhesions. Slight broncho-pneumonia. *Slight interstitial nephritis.* Death—taxaemia and heart failure.
- 114/21, M., 60.—Lobar pneumonia. *Fatty and fibrotic (slight) kidneys.* Arterio-sclerosis. Slight calcification in aortic and mitral valves.
- 117/21, M., 76.—Myeloma of cervical vertebra. Skull of unusual shape. Pulmonary congestion. *Slight renal fibrosis.* Compression of cord.
- 13/23, F., 55.—Carnification of both lungs. Thrombosis in subclavian and axillary vessels. *Some interstitial nephritis.*
- 42/23, M., 75.—Petechiae. Anaemia. Bleeding from vessel in stomach. *Some interstitial nephritis.*
- 79/20, M., 65.—Broncho-pneumonia, small ulcerated patch between lobes. *Slight interstitial nephritis.* Two or three small cysts in liver.
- 82/22, F., 77.—*Slight interstitial nephritis.* Primary carcinoma of liver.
- 40/21, M., 56.—Fusiform aneurysm of aorta. Pulmonary tuberculosis. *Slight interstitial nephritis.*
- 167/23, M., 77.—*Slight interstitial nephritis.* Chronic bronchitis with ? fibrosing tubercles.
- 56/24, M., 87.—Infarct and rupture of heart. Coronary atheroma. Renal and vesical calculi. *Some interstitial nephritis.*
- 119/22, M., 70.—Emphysema. Marked atheroma of aorta. *Slight interstitial nephritis.* Haemorrhage after operation on recurrent glands in neck. ? Cerebral embolism from detachment of plaque from aorta.
- 100/21, M., 51.—Subpericardial haemorrhage, extensive round aorta, etc. High blood pressure. *Slight fibrosis of kidneys.*
- 200/23, M., 65.—Atheroma and thrombosis of coronaries. Cardiac thrombi. Emboli and thromboses in both middle cerebrals. Renal calculus. Gallstones. *Some interstitial nephritis.*
- 18/21, M., 60.—Pulmonary tuberculosis. Carcinoma of pancreas. *Slight interstitial nephritis.*
- 58/25, M., 72.—Hypostatic pneumonia. Silicosis. Large soft spleen. *Slight interstitial nephritis.*
- 18/24, M., 86.—Cerebral softening. Atheroma of cerebral vessels. *Some interstitial nephritis.*
- 50/24, M., —.—Chronic pulmonary tuberculosis. Abscess in lung. *Some interstitial nephritis.*
- 64/22, M., 36.—Fractured ribs. *Early arterio-sclerotic kidneys.* Interstitial fibrosis of myocardium.
- 152/24, M., 75.—Suicidal cut-throat. *Some interstitial nephritis.* Atheroma of coronaries and vessels at base of brain. Partial infarction of heart wall.
- 45/20, M., 72.—Bronchitis. Cardiac failure. *Early granular kidneys.*

- 171/21, F., 87.—Bronchitis. Coronary atheroma. *Slight fibrosis of kidneys.* Calcified hydatid of liver.
- 46/22, M., 49.—Cerebral haemorrhage. *Slight atrophic kidneys.*
- 88/22, M., 68.—Fracture of skull, &c. Broncho-pneumonia. *Slight interstitial nephritis.*
- 63/24, M., 78.—Infarcts of both lungs (source not detected). Pleural effusion. Atheroma of coronaries. *Some interstitial nephritis.*

ATROPHY OF KIDNEY.

- 127/24, M., 70.—Carcinoma of rectum, glands, and colotomy wound. *Congenital (?) atrophy of one kidney.*
- 41/24, F., 60.—Pneumococcal pleurisy, pericarditis and peritonitis. Compression of lung. *One kidney congenitally ? small.*
- 102/24, M., 37.—*Very small atrophic kidneys.* *Hypoplasia of renal arteries and aorta.* Hypertrophy of left ventricle. Uraemia.
- 132/24, F., 69.—Operation for supposed gallstones. *Atrophied left kidney.* *Pyonephrosis of right with adenomatous nodules.* Uraemia and toxaemia.
- 154/24, M., 44.—Lobar pneumonia. Slight pulmonary tuberculosis. *Atrophied right kidney.*
- 98/23, M., 50.—Cut throat. Four acute gastric ulcers. *Atrophy of right kidney, hypertrophy of left.*
- 165/23, F., 53.—Gastrectomy for carcinoma of pylorus. Peritonitis. *Only one kidney.*
- 161/21, M., 56.—Fracture of skull. *Small right kidney.*
- 181/23, M., 84.—*Occlusion of left renal artery and atrophy of kidney.* Marked atheroma. Gangrene of feet. Hypostatic pneumonia. Calcified aortic valves with cardiac hypertrophy and dilatation.
- 60/21, F., 34.—Aortic cusps two. Subdural haemorrhage from rupture of dilatation of Circle of Willis. Hypertrophy of heart. Atheroma of aorta. *Congenital atrophic kidney and chronic nephritis.*
- 87/22, F., 66.—*Contraction of ureter from adhesions with atrophied kidney and adenomatous areas.* Atheroma of pulmonary artery with small clot. Atheroma. Fractured humerus. Projecting knob of pancreas in duodenum.

RENAL DWARFISM.

- 127/20, F., 31.—Dwarf-like. *Both kidneys together weighed 3ozs., very tough.*
- 49/24, M., 13.—*Renal dwarfism.* Rickets. Hypertrophied left ventricle. Resection of femur. *Uraemia.*

PERINEPHRITIS.

(See also under Calculi.)

- 110/23, M., 71.—Enlarged prostate. Cystitis, pyelitis. Fibrosed kidneys. *Perinephritic inflammation.* Broncho-pneumonia.
- 82/23, M., 60.—Prostatectomy. Cystitis. *Perinephritis.* Calculous pyelitis. Abscess in lung with broncho-pneumonia.

RENAL TUBERCULOSIS.

(See under Tuberculosis, not Pulmonary.)

PYELITIS.

(See also under Enlarged Prostates and Inflammatory Nephritis.)

- 7/24, F., 34.—Carcinoma of cervix, secondary glands. Dilatation of ureters. *Secondary pyelonephritis.*
- 25/24, F., 35.—Carcinoma of cervix. Enlarged glands. *Ulceration into bladder. Right-sided pyelonephritis.*
- 179/24, F., 46.—*Infective nephritis probably secondary to pyelitis* with some interstitial nephritis. Distended bladder.
- 192/24, M., 65.—Extensive bed sore over sacrum. *Pyelonephritis ? from paralytic distension.* Thrombosis of saphenous vein. Papillomatous (? malignant) area in stomach.
- 99/22, M., —.—Fracture dislocation of spine. *Pyelonephritis.*
- 28/23, M., 19.—Typhoid fever, leak of sutured ulcer. *Enormous distension of ureters (? congenital) and pyelonephritis.*
- 135/22, F. 60.—Drained empyema. *Pyelonephritis.*
- 137/22, F. 81.—*Pyelitis.* Septic fingers. Early gangrene of feet.
- 127/21, F. 38.—Mastoiditis. Diabetes. *Double pyelitis and haemorrhagic perinephritis.* Large, firm spleen.
- 2/21, M., 83.—Diabetes. Prostate enlarged. *Genito-urinary infection.* Vesical calculus. Old volvulus with partial obstruction.
- 49/21, F., 19.—*Fulminating pyelitis of pregnancy.*
- 56/21, F., 48.—Gummatous meningitis. Gumma of lung. Gummatous scars in liver. Vast bedsores. *Acute pyelonephritis.* Double hydrosalpinx. Ventral hernia.
- 86/21, M., 79.—Enlarged prostate. Retained urine. *Double pyelonephritis.* Lobar pneumonia.
- 110/23, M., 71.—Enlarged prostate. *Cystitis. Pyelitis.* Fibrosed kidneys. *Perinephritic inflammation.* Bronchopneumonia. Uraemia.
- 125/23, M., 75.—Enlarged prostate. *Cystitis* and stone. *Pyelitis.* Gallstones. Small degenerated hydatid ? of liver.
- 136/23, F., 49.—Pelvic abscess. *Cystitis, Pyelitis,* Chronic interstitial nephritis. Anaemia.
- 151/24, M., 64.—Carcinoma of stomach. Extensive unusual pulmonary tuberculosis. Degenerated hydatid. *Infarct (?) of kidney and area of pyelitis.*
- 1/24, M., —.—Aortic valvular disease. Hypertrophied heart. *Right suppurative pyelitis.*
- 15/23, M., 51.—Purulent bronchitis. Septic broncho-pneumonia. Perineal sinuses, abscess behind bladder, *cystitis, urethritis, pyelitis.*
- 16/23, F., 47.—Hypertrophied and dilated heart. Chronic venous congestion. Auricular fibrillation. Interstitial nephritis, with large reddish firm kidneys. *Pyelitis.* Infarcts in lung, one infected.
- 70/21, M., 64.—Tuberculosis of vertebrae. Compression myelitis. *Septic pyelonephritis.* Gallstones.
- 145/29, M., 31.—Ectopia vesicae with transplantation of ureters into rectum many years ago. Uraemia. *Suppurative nephritis.*
- 99/21, M., 102.—Gangrene of bladder. Peritonis. *Pyelitis (unilateral).* Atheroma. Emphysema.

ABSCESES IN KIDNEY.

- 182/23, F., 11.—Osteomyelitis of tibia. *Small abscess in kidney.*
 68/22, F., 68.—Ectopia vesicae. *Infective nephritis and pyelitis on and ureters with fibrosis. Hydronephrosis. Abscess in left kidney.*
 68/22, F., 68.—Ectopia vesicae. *Infective nephritis and pyelitis on one side.*

HYDRONEPHROSIS, PYONEPHROSIS (SEE ALSO UNDER ENLARGED PROSTATES AND CALCULI).

- 8/24, M., 51.—Operation for stone in ureter. Clot in ureter. *Left hydronephrosis (right side ? normal).*
 95/24, M., 76.—Large vesical calculus. *Hypertrophy of bladder. Double hydronephrosis. Hypertrophied heart.*
 114/22, F., 51.—Ruptured aneurysm of Circle of Willis. *Hydronephrosis. Hypertrophy of other kidney.*
 154/21, M., 65.—Carcinoma of pylorus, deposit on small intestine, invading ureter. *Distended ureter and right hydronephrosis.*
 130/23, M., 38.—Pelvic hydatid. Hydatid of liver. *Dilated ureters. Hydronephrosis.*
 140/23, M., 70.—Old stricture of urethra. Abscess between prostate and vesiculae. *Hypertrophied bladder, dilated ureters, hydronephrosis. Uraemia.*
 12/25, M., 46.—Fracture of skull Laceration of brain. *Right hydronephrosis from kinking by band.*
 113/21, F., 79.—Necrosis of cervix uteri (? malignant), vaginal vault and part of bladder. *Hydronephrosis. Congestion and collapse of lung.*
 62/24, F., 70.—Carcinoma of bladder. *Bilateral hydronephrosis and atrophy of parenchyma. Some hepatic cirrhosis.*
 34/25, M., 88.—Cystitis. Palillomatous mass at orifice of right ureter. *Ureter dilated. Haematuria the cause of death. Hydronephrosis in right side of a horse-shoe-kidney.*
 41/23, F., 46.—Purulent peritonitis and double empyema. *Pyonephrosis with stone and perinephritis (? the cause of peritonitis).*
 176/24, M., 70.—Foul necrotic inflammation of bladder following suprapubic opening and phimosis; *pyonephrosis.*
 132/24, F., 69.—Operation for supposed gall stone. *Atrophied left kidney. Pyonephrosis of right with adenomatous nodules. Uraemia and toxæmia.*
 76/23, M., 83.—*Pyonephrosis (left kidney).* Fibrosed oedematous lungs.

RENAL AND VESICAL CALCULI.

- 147/23, M., 74.—Red granular kidneys. Hypertrophied and dilated heart. Nutmeg liver. *Calculi in bladder. Enlarged prostate.*
 153/24, F., 34.—Large translucent kidneys with exudate in capsules and tubules. *Renal calculus and pyelitis. Patch of tuberculous broncho-pneumonia. Vegetations on tricuspid.*
 200/23, M., 65.—Atheroma and thrombosis of coronary. Cardiac thrombi. Embolism and thrombosis of both middle cerebrals. *Renal calculus. Gall stones. Some interstitial nephritis.*

- 220/24, M., 42.—*Calculus in cortex of kidney*. Cardiac hypertrophy and dilatation. Chronic venous congestion. Fine cirrhosis in large liver. Enlarged red glands beside abdominal aorta.
- 82/23, M., 60.—Prostatectomy. Cystitis. Perinephritis. *Renal calculi*. Pyelitis. Abscess of lung with broncho-pneumonia.
- 155/21, F., 70.—Thromboses in both ventricles, coronary disease, etc. *Atrophy of kidney from calculus*.
- 64/24, F., 72.—*Small renal calculi*. Cerebral haemorrhage. Cardiac hypertrophy. Gall stone.
- 62/25, F., 60.—Hydatid of liver. Subphrenic abscess. Empyema. Collapse of lung. *Calculi in right kidney*.
- 29/25, M., 50.—Hodgkin's disease. *Left renal calculus and pyonephrosis*. Necrotic cystitis. ? Growth in spinal canal.
- 158/23, M., 63.—Gummata of brain. *Renal calculus*. Vascular polypoid projections of bladder.
- 196/21, M., 56.—*Double calculous pyelonephritis* (partial examination only).
- 4/23, M., 60.—Cerebral softening. Atheroma of coronaries. *Renal calculus*.
- 150/23, M., 46.—Polycystic kidneys and liver. *Calculus in left kidney*. Small carbuncle.
- 33/22, M., 42.—*Calculus in kidney with atrophy*. Other kidney with chronic interstitial nephritis. Hypertrophied heart. Ascites.
- 104/22, M., 55.—Malignant growth of clavicle. *Calculus in kidney*. Prostatic calculi. Hypostatic pneumonia.
- 41/23, F., 46.—Purulent peritonitis with double pleurisy and empyema. *Pyonephrosis with stone and perinephritis* (? cause of peritonitis, etc.).
- 62/23, M., 67.—*Perinephritic fibrosis*. Gravel and stone in pelvis and ureters with fibrosis. Hydronephrosis. Abscess in left kidney.
- 63/23, M., 66.—Interstitial nephritis (not contracted). *Calculus in right pelvis, gravel in left*. Hypertrophy of left ventricle. Simple pericarditis.
- 27/24, F., 50.—Crushing injury to chest, rupture of liver and lung. *Right renal calculi*.
- 59/20, M., 70.—*Pyelonephritis*. Septic infarction of heart with haemopericardium. *Large vesical calculus*. Operation for malignancy of bladder or prostate.
- 56/24, M., 87.—*Renal and vesical calculi*. Some interstitial nephritis. Atheroma of coronaries. Infarct and rupture of heart.
- 135/23, M., 64.—Paget's disease (osteitis deformans). *Calculous nephritis and perinephritis*. *Calculi in bladder, gall bladder*. Oedema of lungs. Hydrocele.
- 95/24, M., 76.—*Large vesical calculus*. *Double hydronephrosis*. Hypertrophy of bladder. Hypertrophy of heart.
- 59/20, M., 70.—*Pyelonephritis*. Operation for malignant bladder or prostate. *Large vesical calculus*. Septic infarct of heart with haemopericardium.
- 2/21, M., 83.—Diabetes. Prostate enlarged. Genito-urinary infection. *Vesical calculus*. Old volvulus with partial obstruction.

- 124/23, M., 76.—Coma after catheterisation. *Cystitis, diverticulum with stone.* Vegetations on aorta. Infarets. Gall stones.
- 125/23, M., 75.—Enlarged prostate. *Cystitis with stone.* Pyelitis. Gall stones, small degenerated hydatid (?) of liver.

CONGENITAL ANOMALIES.

- 34/25, M., 88.—Cystitis. Papillomatous mass at orifice of right ureter. Haematuria cause of death. Ureter dilated. Hydronephrosis on right side of *horse-shoe-kidney*.
- 35/21, M. 45.—*Horseshoe-kidney.* Revolver wounds.
- 99/23, M. 47.—Deaf and dumb. Subdural haemorrhage probably not traumatic. Broncho-pneumonia and bronchiolitis. Ductus arteriosus. *Horseshoe-kidney.*
- 55/21, M., 38.—*Fused horse-shoe kidney.* Intraperitoneal haemorrhage after inguinal hernia operation. Fatty liver.
- 17/22, M., 47.—Extensive pulmonary tuberculosis, etc. *Congenitally displaced kidney.*
- 192/21, F., 52.—Carcinoma of pancreas, jaundice, etc. *Lobulated kidneys.*

SIMPLE CYSTS OF KIDNEY.

- 49/25, F., 53.—Alcoholic wet brain. Hypostatic pneumonia. *Simple cyst of kidney.*
- 161/23, M., 66.—Gangrene of foot. Diabetes and acidosis. Abscess near vesiculae seminales. Slight broncho-pneumonia. *Cyst in kidney.*
- 93/21, F., 71.—Mitral stenosis. Distended gall bladder with stones. Atheroma. *Retention cyst in kidney.* Healed pyloric and duodenal ulcers.
- 43/24, M., 79.—Broncho-pneumonia. *Cysts near pelves of both kidneys.*
- 118/22, M., 77.—*Chronic interstitial nephritis with cysts, one in pelvis of kidney.* Hypertrophied and dilated heart.
- 20/23, M., 63.—Chronic interstitial nephritis. *Renal cyst.* Hypertrophy of left ventricle. Thrombosis in pulmonary artery. Infarets in kidneys, lungs. A.m. clot in left ventricle.

RENAL NEOPLASMS (SIMPLE).

- 150/24, M., 57.—Cerebral haemorrhage, etc. *Small papillary adenoma of kidney.*
- 204/24, M. 75.—Pia-arachnoid haemorrhage from rupture of aneurysm of Circle of Willis. Hypertrophied heart. Probably moderate interstitial nephritis. *Adenoma of kidney.*
- 5/21, M., 60.—Advanced chronic fibrosis of kidneys. Hypertrophy of heart. Atheroma of aorta. *Small adenoma of kidney.*
- 112/22, M., 55.—Carnifying pneumonia. Hypertrophied left ventricle. Chronic interstitial nephritis *with adenomata.*
- 87/22, F., 66.—Constricted ureter from adhesions. Atrophied kidney *with adenomatous areas.* Atheroma. Fractured humerus, etc.

- 52/24, M., 51.—Subacute interstitial nephritis with hydraemic and azotaemic deficiency. Small *papilliferous adenomatous nodule in kidney*. Hypertrophy of left ventricle. Broncho-pneumonia.

POLYCYSTIC KIDNEYS.

- 56/23, M., 56.—*Polycystitis kidneys and liver*.
 81/23, M., 67.—*Polycystic kidneys*. Malignant endocarditis (aortic and mitral). Cystitis and balanitis. Atheroma.
 127/23, M., 64.—*Polycystic kidneys*. Broncho-pneumonia. Vegetations on aorta. Infarct in heart wall and clot. Cerebral embolism and softening.
 144/23, F., 42.—Abscesses in both breasts, osteomyelitis of pubes, pyaemia. *Polycystic kidneys and liver*.
 150/23, M., 46.—*Polycystic kidneys and liver*. Calculus in left kidney. Small carbuncle.

OTHER RENAL LESIONS.

- 164/23, M., 65.—Marked chronic interstitial nephritis. *Bead-like elevations in pelvis and ureters (ureteritis cystica)*.
 99/24, M., 77.—Large empyema. Lobar pneumonic areas. *Degenerated patch (? absorbed abscess) on surface of left kidney*.
 28/22, M., 55.—Death under chloroform. Fistula in ano. Ischio-rectal abscess. Heart muscle pale and soft. *Scarred irregular area at apex of one kidney*. Gumma (?) in liver.
 52/25, M., 29.—Old tuberculous hip with sinuses. Organizing lobar pneumonia. *Extensive lipoid and amyloid changes in kidneys*. Large spleen. Gall stone.
 43/23, F., 30.—Mitral regurgitation and heart failure. Clot in right auricular appendix. Infarcts in lung. Chronic venous congestion. *Very peculiar kidneys with yellowish streaks in cortex*.
 30/20, M., 78.—*Suppression of urine after operation for enlarged prostate*. *Haemorrhage in bladder*. Hypertrophy of heart. Atheroma.

DOUBLE URETERS.

- 12/24, M., 22.—Chronic interstitial nephritis, hypertrophy of left ventricle. Subdural haemorrhage. *Double right ureter*.
 25/24, F., 35.—Epithelioma of cervix. *Double left ureter*.

DISTENDED URETERS.

- 36/25, F., 24.—Small primary tuberculous focus in lung, secondary focus or infarct in lung. Tuberculous meningitis. Pregnancy. Greatly distended ovarian veins. *Dilated ureters*.

ECTOPIA VESICAE.

- 145/20, M., 31.—*Ectopia vesicae with transplantation of ureters into rectum many years ago*. Uraemia. Suppurative nephritis.
 68/22, F., 68.—*Ectopia vesicae*. Infective nephritis, pyelitis on one side.

CYSTITIS.

- 96/24, M., 69.—Fractured skull. *Necrotic polypoid cystitis*.
- 130/24, M., 66.—Ununited fractured tibia with abscess formation. Chronic interstitial nephritis. *Necrotic cystitis*. Broncho-pneumonia. *Uraemia*.
- 176/24, M., 70.—*Foul necrotic inflammation of bladder following suprapubic opening and phimosis, pyonephrosis*.
- 81/23, M., 67.—Malignant endocarditis (aortic, mitral). Polycystic kidneys. *Cystitis*. *Balanitis*. *Atheroma*.
- 110/23, M., 71.—*Enlarged prostate. Pyelitis. Cystitis*. Fibrosed kidneys. Perinephritic inflammation. Broncho-pneumonia. *Uraemia*.
- 124/23, M., 76.—*Coma after catheterisation. Cystitis, diverticulum with stone*. Vegetations on aorta. Infarcts.
- 129/23, M., 20.—*Purulent infiltration of bladder wall. Cellulitis*. Peritonitis.
- 136/23, F., 47.—Pelvic abscess. *Cystitis, pyelitis*. Chronic interstitial nephritis. *Anaemia*.
- 15/23, M., 51.—Purulent bronchitis. Septic broncho-pneumonia. Perineal sinuses, *abscess behind bladder, cystitis, urethritis, pyelitis*.
- 16/25, M., 67.—Locomotor ataxy. Charcot's wrist. Syphilitic aortitis probably and atheroma. *Cystitis* (after stone 22 years ago), *pyelitis and fibrosis of renal cortex*.
- 82/23, M., 60.—*Prostatectomy. Cystitis. Perinephritis*. Calculous pyelitis. Abscess in lung with broncho-pneumonia.
- 77/23, M., 75.—Atheroma—clot on ulcer. Chronic interstitial nephritis. *Purulent cystitis. Hypertrophy of bladder. Stricture of urethra, false passage, stone*. Internal haemorrhoids.
- 29/25, M., 50.—Hodgkin's disease—neck, mediastinum, mesentery, along aorta, growth in spinal canal. *Necrotic cystitis—secondary to spinal lesion*.
- 47/20, M., 60.—*Haemorrhagic infective cystitis and pyelonephritis* following enlarged prostate.

SIMPLE BLADDER TUMOURS.

- 42/23, M., 75.—Petechiae. *Anaemia*. Plugged vessel in stomach. Large spleen. *Small papilloma of bladder*. Some interstitial nephritis.
- 76/21, M., 63.—*Pedunculated papilloma of bladder. Necrosis and haemorrhage of mucosa*.
- 34/25, M., 88.—*Cystitis. Papillomatous mass at orifice of right ureter. Ureter dilated. Haematuria the cause of death*. Hydronephrosis in right side of horse-shoe kidney.
- 110/21, M., 79.—Lobar pneumonia. *Polypus of bladder. Diverticulum of bladder. Old urethral stricture and fistula*. Chronic interstitial nephritis. Gall stones.

OTHER BLADDER LESIONS.

- 158/23, M., 63.—Gummata of brain. Renal calculus. *Vascular polypoid projections of bladder*.
- 189/23, M., 63.—Fractured skull, laceration of brain. *Vascular projections in bladder*.
- 150/24, M., 57.—Cerebral haemorrhage. Chronic interstitial nephritis. *Elevations of bladder mucosa*.

- 55/24, M., 81.—Intense ulcerative entero-colitis. *Haemorrhages and telangiectases in bladder.*
- 140/23, M., 70.—*Old stricture of urethra. Abscess between prostate and vesiculae. Hypertrophied bladder, dilated ureters, hydronephrosis. Uraemia.*
- 99/21, M., 102.—*Gangrene of bladder. Peritonitis Pyelitis (unilateral). Atheroma. Emphysema.*

ENLARGED PROSTATES.

- 116/24, M., —.—*Senile prostate—operation, death from uraemia and lobar pneumonia. Left pyelonephritis and chronic interstitial nephritis.*
- 119/24, M., 80.—*Enlarged prostate. Hypertrophied bladder. Dilated ureters. Pyonephrosis. Cortical renal cysts. Atheroma of aorta. Death—uraemia and heart failure.*
- 86/22, M., 84.—*Chronic nephritis. Adenomatous prostate. Healed duodenal ulcer.*
- 44/22, M., 77.—*Necrosis of bladder mucosa after prostatectomy, purulent infiltration of incision.*
- 54/22, M., 71.—*Cyst of tail of pancreas (?). Enlarged prostate.*
- 195/21, M., 58.—*Enlarged prostate. Cystotomy.*
- 2/21, M., 83.—*Diabetic. Prostate enlarged. Genito-urinary infection. Vesical calculus. Old volvulus with partial obstruction.*
- 86/21, M., 79.—*Enlarged prostate, retention of urine. Double pyelonephritis. Lobar pneumonia.*
- 130/22, M., 80.—*Aortic stenosis. Hypostatic pneumonia. Enlarged prostate.*
- 142/22, M., 82.—*Cellulitis of orbit and scalp. Red granular kidneys. Enlarged prostate. Clot in descending aorta.*
- 110/23, M., 71.—*Enlarged prostate. Cystitis. Pyelitis. Fibrosed kidneys. Perinephritic inflammation. Broncho-pneumonia. Uraemia.*
- 125/23, M., 75.—*Enlarged prostate. Cystitis with stone. Pyelitis. Gall stones.*
- 58/23, M., 84.—*Enlarged prostate. Hypertrophied bladder. Pulmonary abscess. Atheroma. Necrotic focus in testis.*
- 93/23, M., 69.—*Uraemia secondary to enlarged prostate. Hypertrophy of bladder. Pyonephrosis and fibrosis of kidney.*
- 147/23, M., 74.—*Red granular kidneys. Hypertrophied and dilated heart. Nutmeg liver. Calculus in bladder. Enlarged prostate. Osteo-arthritis of knee.*
- 30/20, M., 78.—*Enlarged prostate, prostatectomy. Enlarged bladder filled with clot. Suppression of urine. Hypertrophied heart.*
- 72/22, M., 77.—*Adherent pericardium. Calcified plaque in right auricle. Hypertrophy of prostate with adenomatous polyp. Kidneys contracted (?).*
- 69/25, M., 68.—*Enlarged senile prostate with small abscesses. Atheroma of cerebral vessels. Two small duodenal ulcers.*

OTHER PROSTATIC LESIONS.

- 104/22, M., 55.—*Malignant growth of clavicle. Renal calculus. Prostatic calculi. Hypostatic pneumonia.*

VESICULAE SEMINALES.

- 161/23, M., 66.—Gangrene of foot. Large liver. Diabetes and acidosis. Pancreas apparently normal. *Abscess near vesiculae seminales.* Broncho-pneumonia (slight). Cyst in kidney.

SCROTUM.

- 134/21, M., 79.—Hypostatic pneumonia. Thrombi in right auricular appendix. *Chronic ulcer of scrotum.* Haemorrhagic suprarenal.

TESTES.

- 66/25, M., 45.—Vegetative aortic endocarditis with infarcts. *Atrophic retained testis.*
 80/22, M., 74.—Gout. Gouty kidneys. Double inguinal hernia. *Hydrocele.* Atheroma.
 135/23, M., 64.—Paget's disease. Calculous nephritis. Calculi in bladder, gall bladder. *Hydrocele.*
 173/23, M., 47.—Intestinal obstruction, resection, peritonitis. Pulmonary tuberculosis. Infarcts in kidney. *Abscess in left epididymis.* Pouch in prostatic urethra.

IX.—Nervous System.

MENINGITIS (Not Tuberculous).

(A few traumatic cases not included.)

- 20/24, M., 17.—*Pneumococcal meningitis* and otitis media.
 155/24, M., 74.—*Pneumococcal meningitis.* Otitis media.
 106/20, M., 54.—Lobar pneumonia. Otitis media with mastoid disease. *Pneumococcal meningitis.*
 141/20, M., 43.—*Pneumococcal meningitis.* Malignant endocarditis (aortic). Infarcts of both kidneys. Some pneumonia, old and recent.
 73/22, M., 66.—*Pneumococcal meningitis* secondary to large aortic vegetations. Abscess near coronary artery.
 122/24, M., 37.—*Pneumococcal meningitis* (primary). Infarcts in lung. Large soft spleen.
 208/24, F., 27.—*Pneumococcal meningitis.* Broncho-pneumonia; Recent confinement. Thrombosis of right ovarian vein.
 58/21, M., 39.—*Pneumococcal pachymeningitis.* Pulmonary tuberculosis. Large soft spleen.
 33/20, M., 50.—Fractured skull. *Pneumococcal meningitis.* Congestion of lungs.
 13/22, M., 21.—*Pneumococcal meningitis following fracture of anterior fossa.* Softened area in frontal lobe from old haemorrhage now infected.
 148/24, M., 66.—*Meningococcal (?) meningitis* and pneumococcal pericarditis.
 66/24, M., 35.—*Purulent meningitis.*
 24/20, F., 26.—*Staphylococcal meningitis.* Thrombosis of lateral sinus (after mastoid disease).
 24/23, M., 28.—*Mild Staphylococcus albus meningitis* after removal of hydatid cyst.
 189/21, M., 60.—*Streptococcal basal and ventricular meningitis.* Some pulmonary congestion.

- 61/21, M., 35.—Bullet wound and fracture of skull. *Meningitis*.
 29/23, M., 30.—*Meningitis secondary to depressed fracture of skull*.
 91/23, M., 40.—Fractured skull. *Traumatic meningitis*.

TUBERCULOUS MENINGITIS.

- 6/21, F., 11.—Pulmonary tuberculosis. *Tuberculous meningitis*.
Distention of lateral ventricles.
 81/21, F., 38.—Miliary tuberculosis with *tuberculous meningitis* and peritonitis, secondary to tuberculosis of Fallopian tubes.
 190/21, M., 39.—Racemose tuberculosis of lungs. Tuberculosis of prostate, pelvic glands, mediastinum, hilum of right kidney. *Tuberculous meningitis*.
 24/22, F., 18.—Tuberculosis of lungs and peritoneum, miliary tuberculosis of spleen. *Tuberculous meningitis*.
 55/22, F., 25.—*Early tuberculous meningitis*. Tuberculous peritonitis. Miliary tuberculosis of lungs.
 97/22, M., 36.—Tuberculosis and hydatid of liver. *Tuberculous meningitis*.
 36/25, F., 24.—Small primary tuberculous focus in lung, secondary focus or infarct in kidney. *Tuberculous meningitis*. Pregnancy. Dilatation of ureters.

CEREBRAL HAEMORRHAGE.

- 15/24, F., 62.—*Cerebellar haemorrhage*. Cerebral softening. Atheroma. Granular contracted kidneys.
 46/20, F., 70.—*Cerebral haemorrhage*. Granular contracted kidneys.
 74/20, M., 75.—*Cerebral haemorrhage*. Hypertrophy of heart. Calcified band under mitral valve. Atheroma. Granular contracted kidneys.
 66/21, M., 46.—*Cerebral haemorrhage*. Moderate interstitial nephritis.
 119/21, F., 55.—*Haemorrhages into internal capsule and pons*. Hypertrophy of left ventricle. Atheroma of aorta and cerebral vessels.
 156/21, M., 62.—*Frontal haemorrhage*. *Old temporal haemorrhage*. Atheroma. Hypertrophy of left ventricle.
 162/21, M., 77.—*Haemorrhage into lateral ventricle*. *Separate haemorrhages in pons*. Arterio-sclerotic kidneys.
 1/22, M., 80.—*Cerebral haemorrhage*. Chronic interstitial nephritis. Atheroma.
 41/22, M., 55.—*Cerebral haemorrhage*. Chronic nephritis. Hypertrophy of ventricles.
 45/22, M., 57.—*Cerebral haemorrhage*. Hypertrophy of left ventricle.
 46/22, M., 49.—*Cerebral haemorrhage*. Slight atrophic kidneys.
 116/22, F., 20.—*Cerebral haemorrhage*. Granular contracted kidneys. Hypertrophy of heart. Six months pregnant.
 92/23, —, —.—*Cerebral haemorrhage*. Atheroma of vessels at base of brain. Hypertrophy of left ventricle. Kidneys nearly normal.
 96/23, M., 51.—*Cerebral haemorrhage, two months old*. Chronic interstitial nephritis. Hypertrophied and dilated heart.
 175/23, M., 65?—*Cerebral haemorrhage*. Contracted kidneys.
 180/23, M., 50.—*Cerebral haemorrhage*. Broncho-pneumonia. Hypertrophy of left ventricle. Red granular kidneys.

- 29/21, M., 62.—Chronic interstitial nephritis. Cardiac hypertrophy. Atheroma of vessels at base of brain. *Haemorrhage near front of caudate nucleus.*
- 53/25, F., 76.—*Cerebral haemorrhage from atheroma.* Slight interstitial nephritis. Atheroma. Small ovarian cyst.
- 61/25, F., 42.—*Cerebral haemorrhage from hyperpiesis.* Kidneys practically normal. Gallstone. Large fibromyoma.
- 63/25, M., 55.—*Cerebral haemorrhage from hyperpiesis.* Kidneys not fibrotic. Hypertrophy of left ventricle.
- 5/24, M., 40.—*Cerebral haemorrhage.* Pontine haemorrhage. Syphilitic aortitis? Hypertrophy of left ventricle. Kidneys normal.
- 12/24, M., 22.—Chronic interstitial nephritis. Arterio-sclerosis. Hypertrophy of left ventricle. *Subdural haemorrhage.*
- 32/24, M., 70.—*Haemorrhage into lateral ventricle.* Atheroma of vessels of brain and heart.
- 91/24, M., 55.—*Cerebral haemorrhage.* Chronic interstitial nephritis. Hypertrophy of left ventricle.
- 150/24, M., 57.—*Cerebral haemorrhage.* Chronic interstitial nephritis. Hypertrophy of heart. Atheroma of vessels at base of brain.
- 199/24, F., 65.—*Cerebral haemorrhage.* Atheroma of vessels at base of brain. Hypertrophy of left ventricle. Little kidney change.
- 64/24, F., 72.—*Cerebral haemorrhage.* Cardiac hypertrophy. Some renal fibrosis. Renal calculi. Gall stones.
- 8/25, F., 62.—*Cerebellar haemorrhage.* Old absorbed haemorrhage in left parietal lobe. Atheroma of cerebral vessels. Chronic interstitial nephritis.
- 10/25, F., 31.—*Cerebral haemorrhage* (brain only).
- 6/25, M., 70.—*Cerebral haemorrhage.* Arterio-sclerosis of vessels at base of brain.
- 123/24, F., 17.—*Cerebral haemorrhage.* Persistent thymus. Malpighian bodies prominent. Diabetes.
- 185/21, M., 67.—*Cerebral haemorrhage.* Pulmonary embolus. Infarcts of lungs and kidney.
- 43/25, F., 62.—*Cerebral haemorrhage with extension to pia mater, not due to renal disease, hyperpiesis or obvious vascular disease.* Small fibrous polyp of uterus.
- 181/24, M., 42.—*Cerebral haemorrhage of both frontal lobes ? due to tuberculous arteritis.* Extensive pulmonary tuberculosis. Tuberculous ulcer of appendix.
- 123/20, F., 68.—*Haemorrhage in both frontal lobes (? traumatic).* Some interstitial fibrosis.
- 103/21, M., 18.—Exploration of brain. *Small haemorrhages in parietal and temporo-sphenoidal regions.* Thrombosis of basilar artery.
- 37/20, M., 50.—*Capillary haemorrhages in pons.*
- 4/25, M., 53.—*Pontine haemorrhage.* Old tuberculosis of hip, kidney, and hilic glands.
- 175/21, M., 80.—*Cerebral haemorrhage (? glioma) in temporo-parietal region.* Degenerated area in cerebellum. Interstitial nephritis. Hypertrophied heart.
- 179/21, M., 26.—*Old haemorrhage, traumatic, in right hemisphere with recent fresh haemorrhage into lateral ventricle.* No fracture.

- 9/22, F., 79.—*Degenerated area with small haemorrhage near lenticular nucleus. Chronic nephritis. Marked atheroma.*
- 33/24, M., 71.—*Pia-arachnoid haemorrhage probably from small vessel. Clot in one lateral ventricle. Atheroma of vessels at base of brain.*
- 120/21, M., about 65 to 70.—*Subdural haemorrhage. Pontine haemorrhages. Some broncho-pneumonia.*
- 188/21, M., 28.—*Subdural haemorrhage (traumatic).*
- 11/23, F., 36.—*Subdural haemorrhage, ? traumatic. Haemorrhage in pons.*
- 26/23, M., 67.—*Subdural haemorrhage. Atheroma. Cerebral softening.*
- 99/23, M., 47.—*Deaf and dumb. Subdural haemorrhage (probably not traumatic). Broncho-pneumonia.*
- 60/23, M., 73.—*Subdural haemorrhage (traumatic). Traumatic arthritis of knee.*
- 218/24, M., 69.—*Subdural haemorrhage, middle fossa, ? rupture of emissary vein. Moderate atheroma of aorta. Some hypertrophy of left ventricle. Moderate interstitial nephritis.*
- 48/21, M., 56.—*Extradural haemorrhage. Moderate fibrosis of kidneys. Hypostatic pneumonia.*

HAEMORRHAGE FROM INFECTIVE ANEURYSM.

- 39/25, F., 19.—*Vegetative endocarditis of left auricle and mitral valve. Old infarcts in spleen, kidneys. Infective aneurysm of middle cerebral. Extensive cerebral haemorrhage, subdural clot. Large infective aneurysm in front of abdominal aorta.*

CEREBRAL SOFTENING, THROMBOSIS, AND EMBOLISM AND ATHEROMA OF CEREBRAL VESSELS.

- 46/21, F., 59.—*Carcinoma of stomach. Atheroma of aorta. Softening near left Rolandic fissure.*
- 9/22, F., 79.—*Degenerated area with small haemorrhages near lenticular nucleus. Chronic interstitial nephritis. Atheroma, marked.*
- 22/22, M., 65.—*Softened areas in brain. Atheroma.*
- 119/22, M., 70.—*Haemorrhage after operation for recurrent glands in neck. Cerebral embolism (?) from detachment of clot from plaque in aorta. Marked atheroma. Slight interstitial nephritis.*
- 139/22, M., 86.—*Cerebral softening. Hypostatic pneumonia.*
- 7/23, M., 67.—*Cerebral softening and thrombosis. Atheroma of aorta and cerebral vessels. Chronic interstitial nephritis.*
- 4/23, M., 60.—*Cerebral softening. Atheromatous coronaries. Renal calculus.*
- 26/23, M., 67.—*Cerebral softening. Subdural haemorrhage. Atheroma.*
- 59/23, M., 67.—*Old cerebral softening. Organizing pneumonia with (?) gumma. Hypertrophied heart. Intense atheroma. Chronic interstitial nephritis.*

- 86/23, M., 79.—*Cerebral softening from embolism (?) from atheromatous ulcer. Atheroma. Broncho-pneumonia. Fibro-sarcoma of groin.*
- 127/23, M., 64.—*Cerebral softening and embolism. Vegetations on aorta. Infarct in heart wall. Broncho-pneumonia. Polycystic kidneys.*
- 188/23, F., 27.—*Softened areas in brain. Varicocele of broad ligament. Haemorrhages round uterus, etc.*
- 200/23, M., 65.—*Embolism and thromboses of both middle cerebrals. Coronary thrombosis. Cardiac thrombi.*
- 15/24, F., 62.—*Cerebellar haemorrhage. Cerebral softening. Atheroma. Granular contracted kidneys.*
- 18/24, M., 86.—*Cerebral softening. Atheroma of cerebral vessels. Some interstitial nephritis.*
- 131/24, F., 48.—*Cerebral softening. Atheroma of cerebral vessels. Slight interstitial nephritis ?. Endometrioma of sigmoid.*
- 139/24, F., 66.—*Softening of pons. Coronary atheroma. Chronic interstitial nephritis.*
- 141/24, M., 68.—*Lobar pneumonia. Cerebral softening. Calcification and deformity of mitral and aortic cusps. Atheroma. Some interstitial nephritis.*
- 197/24, M., 66.—*Lobar and hypostatic pneumonia. Moderate interstitial nephritis. Atheroma of vessels at base of brain. Softened areas (?) in occipital lobe.*
- 113/24, M., 61.—*Gall stones with ulceration and haemorrhage into peritoneal cavity. Atheroma of cerebral vessels, dilatation of vertebral arteries. Atheroma of splenic and iliac arteries. Vegetations on arch of aorta. Softened patch in brain.*
- 9/24, F., 47.—*Cerebral softening (?)*
- 117/24, F., 73.—*Diabetic. Pancreas fibrotic (?). Small area of cerebral softening with atheroma.*
- 46/21, F., 59.—*Carcinoma of stomach. Atheroma of aorta. Thickening of mitral valve. Small infarcts in kidney. Softened area in cortex.*
- 175/21, M., 80.—*Cerebral haemorrhage (glioma ?) in temporo-parietal region. Degenerated area in cerebellum. Interstitial nephritis. Hypertrophied heart. Caseous mesenteric gland.*
- 40/22, M., 62.—*Syphilitic aortitis. Aneurysm of aorta. Small mitral vegetation. Cerebral softening. Contracted kidneys.*
- 120/20, M., 66.—*Gangrene of foot. Pericarditis. Organizing clot in auricular appendix. Atheroma. Arterio-sclerotic kidneys. Degenerated area in occipital lobe. Early erosion of cartilage of knee.*
- 66/25, M., 45.—*Vegetative aortic endocarditis on fibrosis and calcification. Infarcts in spleen and kidney. Softened area in brain. Emaciation.*
- 69/25, M., 68.—*Enlarged senile prostate with small abscesses. Atheroma of cerebral vessels. Two small duodenal ulcers.*

OLD TRAUMA.

- 88/23, M., 32.—*Diabetic coma unaffected by insulin. Bronchitis, etc. Pus in middle ears. Old trauma of brain.*

ABSCESS OF BRAIN.

- 55/20, M., 38.—*Abscess of frontal lobe* secondary to cellulitis of face and necrosis of bone.
- 128/22, M., 35.—*Cerebellar abscess* secondary (?) to finger infection.
- 138/23, M., 22.—*Temporo-sphenoidal abscess. Secondary subdural meningitis. Extradural abscess. Mastoid abscess.*
- 84/24, F., 17.—*Actinomycotic abscess of frontal lobe*, secondary to foci in the lung and on the leg. Hydatid of liver.
- 4/24, F., 60.—*Left temporo-sphenoidal abscess*, secondary to middle ear disease.
- 102/20, M., 36.—*Extensive necrosis of skull* following injury from bottle. *Secondary temporo-sphenoidal abscess and meningitis.*

TUBERCULOMA.

- 31/22, F., 11.—*Mesenteric tuberculosis, tuberculous ulceration of intestine, pharynx, vulva, glands of neck. Miliary tuberculosis of lungs. Tuberculoma near optic thalamus.*

TUMOURS OF BRAIN.

- 34/20, M., 33.—*Neurofibroma of cerebello-pontine angle.*
- 121/20, F., 56.—*Neuro-fibroma of cerebello-pontine angle.*
- 73/24, M., 58.—*Fracture of ribs, tibia, and fibula, etc. Small left cerebello-pontine tumour.*
- 176/21, F., 46.—*Cystic glioma durum of cerebral hemisphere.*
- 8/22, M., 48.—*Glioma of left cerebral hemisphere.*
- 26/22, M., 41.—*Glioma of corpus callosum extending into hemispheres.*
- 67/22, M., 53.—*Glioma of frontal lobe.*
- 92/22, M., 59.—*Glioma of temporo-sphenoidal lobe.*
- 1/25, F., 28.—*Glioma of temporal lobe. Epileptic attacks.*
- 213/24, M., 12.—*Tumour of fourth ventricle. Dilatation of ventricular system. Decompression.*
- 100/20, F., 12.—*Diffuse glioma of pons (examination of brain only).*
- 64/20, M., 65.—*Neoplasm of frontal lobe. Broncho-pneumonia.*
- 46/25, M., 62.—*Large fleshy tumour filling right lateral ventricle.*
- 139/20, M., 67.—*Degenerated area with dilated vessels (? neoplasm) in right hemisphere. Similar area in pons.*
- 142/21, F., 57.—*Pituitary cyst. Enormous adiposity. Broncho-pneumonia.*
- 198/24, M., 39.—*Fibro-sarcoma of thigh. Secondary deposit (?) in right parietal and temporal area. Hernia cerebri.*

CYSTS.

- 194/24, F., 22.—*Cyst in optic thalamus and pineal body. Internal hydrocephalus. Decompression. Gangrenous appendicitis.*

ENCEPHALITIS.

- 2/22, M., —.—*Meningo-encephalitis (cause unknown). Turbid fluid in ventricles.*
- 47/22, F., 7.—*Acute encephalo-myelitis and meningitis.*
- 160/23, F., 16.—*Acute encephalitis.*
- 201/24, M., 43.—*Acute encephalitis with punctate haemorrhages and haemorrhages in pons. Hypostatic pneumonia.*

- 42/25, M., 21.—*Post-encephalitic Parkinson's syndrome. Epileptic state. Tears in mucosa of stomach. Congestion of viscera.*

EXTENSIVE RED PUNCTATE SPOTS IN CEREBRUM AND CEREBELLUM.

- 192/23, F., 55.—*Syphilitic aortitis. Thickening of bifurcation of aorta. Fibrosis of lungs. Extensive red punctate spots in cerebrum and cerebellum.*

PARALYSIS AGITANS.

- 14/21, M., 63.—*Paralysis agitans. Hypostatic pneumonia.*
 106/23, M., 65.—*Paralysis agitans (?) . Pulmonary tuberculosis with cavity. Influenzal broncho-pneumonia. Tuberculous ulceration of intestine. Acute ulcers in stomach. Gallstones.*
 137/23, M., 85.—*Paralysis agitans. Hypostatic pneumonia.*

GLIOMATOUS REACTION.

- 23/24, F., 52.—*Gliomatosis (reactionary) in frontal lobe. Atheroma of Circle of Willis.*

PORENCEPHALY.

- 157/21, M., 76.—*Porencephaly. Hypertrophy of left ventricle. Slight granular kidneys. Atheroma.*

SYPHYELITIC DISEASE.

- 56/21, F., 48.—*Local gummatous meningitis with erosion of skull. Gunma of lung. Vast bedsores. Acute pyelonephritis.*
 38/22, M., 41.—*Syphilitic meningitis. Scar in cerebellum. Syphilitic coronary disease.*
 1/23, M., 34.—*Syphilitic softening of frontal lobe. Infarct-like areas with purulent foci in lungs. Purulent bronchiolitis. Cirrhosis of liver (? syphilitic). Large firm spleen.*
 158/23, M., 63.—*Gummata of the meninges and brain. Renal calculus. Vascular polypoid projections in bladder.*

GENERAL PARALYSIS OF THE INSANE.

- 84/21, F., 41.—*G.P.I. (examination of brain only).*
 39/22, M., 10.—*Juvenile G.P.I. Syphilitic ulceration of pharynx. Bronchiectasis, broncho-pneumonia.*

HEAT APOPLEXY.

- 144/20, M., 59.—*Engine driver. Admitted unconscious, T. 106°. Brain congested.*

ALCOHOLISM.

- 116/20, M., 26.—*Alcoholic delirium. Fracture of upper third of fibula (indirect). Dislocation of ankle. Oedema and congestion of lungs.*
 95/21, M., 61.—*Delirium tremens. Fracture of femur. Dilatation of stomach. Granular kidneys. Fatty infiltration of heart.*

- 61/22, M., 31.—*Alcoholic mania*. Fatty liver. Firm spleen.
Hypostatic pneumonia?
- 151/22, M., 28.—*Delirium tremens*. Heart failure. Large fibro-fatty liver. Duodenal ulcers.
- 36/23, F., 56.—*Alcoholism*. *Serous meningitis*.
- 143/23, F., 48.—*Alcoholic wet brain*. Haemorrhage from varicose ulcers.
- 48/23, F., 37.—Cellulitis of scalp after injury. Fatty liver.
Alcoholism.
- 49/25, F., 53.—*Alcoholic wet brain*. Hypostatic pneumonia.
Simple cyst of kidney.
- 21/25, M., 38.—Tetanus? (probably not). *Alcoholism*. *Congestion of brain*. Bronchiolitis and pneumonia.

ACUTE MANIA.

- 70/25, F., 64.—Cheyne-Stokes respiration. *Acute mania*. *Wasting*.
Tuberculous cavity with small caseous area in lung. Pulmonary oedema. Failing right heart.

MENTAL DEPRESSION.

- 131/21, F., 46.—*Mental depression*. Collapse of lobe of lung. Hard faeces in colon. Acidosis.

STATUS EPILEPTICUS.

- 171/23, M., 12.—Extensive caries. *Status epilepticus*.
- 173/24, M., 14.—Acute pulmonary oedema following epileptic fit.
Old injury to temporo-sphenoidal lobe. *Status epilepticus*. Enlarged thymus and nodules in lower Peyer's patches.

DISTENSION OF VENTRICLES.

- 84/20, M., 50.—*Many years in Mental Hospital*. Volvulus of sigmoid (enormously distended). Thinning of parietal bones. Protrusion of occipital bone. *Distension of ventricles*.
- 30/21, M., 40.—Moderate interstitial nephritis. *Adhesions at the base of the brain, probably from slight basal meningitis*. *Distension of ventricles*.

SENILE ATROPHY.

- 147/24, M., 86.—Some interstitial nephritis. Cardiac hypertrophy and dilatation. Chronic bronchitis. *Senile atrophy of brain*.

ANEURYSMS OF CIRCLE OF WILLIS.

- 60/21, F., 34.—*Subdural haemorrhage from rupture of aneurysm of Circle of Willis*. Only two cusps to aortic valve. Hypertrophy of heart. Atheroma. Atrophy of one kidney. Chronic interstitial nephritis.
- 78/22, F., 56.—*Rupture of aneurysm of circle (?)*. *Subpial haemorrhage and extension to ventricles*.
- 114/22, F., 51.—*Rupture of aneurysm of circle*. *Pia-arachnoid and cerebral haemorrhage*. Hydronephrosis on one side.
- 24/24, F., 48.—*Rupture of aneurysm of circle*.

- 179/24, F., 46.—Infective nephritis. *Unruptured aneurysm of Circle of Willis.*
- 204/24, M., 75.—*Pia-arachnoid haemorrhage from rupture of aneurysm of circle. Distension of ventricles.* Atheroma of aorta and cerebral vessels. Hypertrophied heart. Probably moderate interstitial nephritis.

OSTEITIS OF BASE OF SKULL. THROMBOSIS OF CAVERNOUS SINUS. HAEMORRHAGE AT BASE OF BRAIN.

- 139/23, M., 55.—Necrotic cellulitis of pharynx and neck probably secondary to teeth or infected mouth gland. Periostitis of both jaws. *Osteitis of base of skull. Thrombosis of cavernous sinus. Haemorrhage over base of brain.* Broncho-pneumonia.

UNUSUAL SKULL.

- 117/21, M., 70.—Myeloma of second cervical vertebra. Compression of cord. *Skull of unusual shape.*

OTITIS MEDIA AND MASTOID DISEASE.

(See also under Abscess of the Brain.)

- 14/22, M., 72.—*Otitis media. Area of osteitis with adhesions of membrane.* Marked interstitial changes in large kidney with parenchymatous degeneration.
- 123/21, F., 14 months.—*Acute mastoid suppuration.* Pharyngeal ulceration. Gastro-enteritis.
- 127/21, F., 38.—*Mastoiditis.* Diabetes. Double pyelitis and haemorrhagic perinephritis. Large firm spleen.
- 88/23, M., 32.—Diabetic coma unaffected by insulin. Bronchitis and slight broncho-pneumonia. Tracheitis, etc. *Pus in middle ears and ethmoids. Old trauma in brain.*

LOCOMOTOR ATAXIA.

- 16/25, M., 67.—*Locomotor ataxia.* Charcot's wrist. Syphilitic aortitis (probably) and atheroma. Cystitis, pyelitis, and some fibrosis of kidneys.

PROGRESSIVE MUSCULAR ATROPHY.

- 32/20, M., 56.—*Progressive muscular atrophy? Diaphragmatic paralysis* with aspiration and retention pneumonia.
- 71/20, M., 48.—*Progressive muscular atrophy.* Peculiar lungs (? trophic lesions).

AMYOTROPHIC LATERAL SCLEROSIS.

- 34/23, M., 60.—Chronic interstitial nephritis. Hypertrophy of left ventricle. *Amyotrophic lateral sclerosis.*

PARAPLEGIA.

- 192/24, M., 65.—*Paraplegia.* Extensive bedsore over sacrum. Pyelonephritis (? from paralytic distension). Thrombosis of saphenous vein. Papillomatous (? malignant) area in stomach.

COMPRESSION MYELITIS.

- 70/21, M., 64.—Tuberculosis of vertebrae, *compression of cord, myelitis*. Septic pyelonephritis. Gallstones.
- 117/21, M., 70.—*Myeloma of second cervical vertebra, compression of cord*. Pulmonary congestion. Slight renal fibrosis.

SPINAL CANAL.

- 29/25, M., 50.—Hodgkins disease (neck, superior mediastinum, mesentery, abdominal, aortic glands). Calculus in left kidney with pyonephrosis. *Necrotic cyst (? growth) in spinal canal*.

PERIPHERAL NEURITIS.

- 73/25, F., 26.—*Alcoholic peripheral neuritis*. Bedsore. Hypostatic pneumonia.

BIBLIOGRAPHY OF ADELAIDE HOSPITAL CASES
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Syphilitic Lesions.—Dr. I. B. Jose exhibited a patient with a gumma of the thigh and one with a gumma of the tibia, and Dr. F. S. Hone three patients with pleurisy with effusion before the British Medical Association, *Med. Jour. Aust.*, March 31st, 1928, pp. 416-417.

Clinical Demonstrations at Adelaide Hospital including Sarcoma of the Leg following a Haematoma (Dr. de Crespigny), Pernicious Anaemia, Addison's Disease, and skiagrams of a case of Pulmonary Tuberculosis (Dr. Cowan), and Separation of Epiphysis of Humerus (Dr. Jose), report of B.M.A. meeting, *Med. Jour. Aust.*, December 3rd, 1927, p. 790.

The Diagnosis of Acustic Tumours. By R. Pulleine, *Med. Jour. Aust.*, June 30th, 1928, p. 791. Report of an Adelaide Hospital case, G. S., who died in January (? February), 1927.

An Abnormal Early Uterine Pregnancy. By H. Woollard and J. B. Dawson, *Med. Jour. Aust.*, August 18th, 1928, p. 210. An early hydatidiform mole obtained by curettage.

Ectopic Gestation: An Analysis of Fifty Consecutive Cases. By J. B. Dawson, *Med. Jour. Aust.*, November 17th, 1928, p. 617. Thirty of the cases are from the Adelaide Hospital.

Two Prognostic Tests in Tuberculosis. By H. G. Anderson, *Med. Jour. Aust.*, November 17th, 1928, p. 627. These tests were carried out on Adelaide Hospital patients.

A Twin Ectopic Pregnancy. By J. B. Dawson, *Med. Jour. Aust.*, November 17th, 1928, p. 628.



